

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Thursday, February 28, 2019 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; David Ernesto Munar; Heather M. Prendergast, MD, MS, MPH; and Sidney A. Thomas, MSW (8)

Telephonically

Present: Director Mary B. Richardson-Lowry (1)

Absent: Directors Robert G. Reiter, Jr. and Layla P. Suleiman Gonzalez, PhD, JD (2)

Director Gugenheim, seconded by Director Thomas, moved to allow Director Richardson-Lowry to telephonically participate in the meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Debra Carey – Deputy Chief Executive Officer,
Operations
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public
Health
James Kiamos – Chief Executive Officer, CountyCare
Terry Mason, MD – Cook County Department of
Public Health

Gina Massuda-Barnett – Cook County Department of
Public Health
Jeff McCutchan –General Counsel
Amy O'Rourke – Cook County Department of Public
Health
Barbara Pryor – Chief Human Resources Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Ronald Wyatt, MD – Chief Quality Officer

II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #5 - Report from the Chief Executive Officer.

III. Public Speakers

Chair Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. Nancy Alverio Registered Nurse

IV. Election of Vice Chair

Chair Hammock stated that this item will be deferred to next month's meeting.

V. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, January 25, 2019

Director Thomas, seconded by Director Gugenheim, moved the approval of the Minutes of the Board of Directors Meeting of January 25, 2019. THE MOTION CARRIED UNANIMOUSLY.

B. Human Resources Committee Meeting, February 19, 2019

- i. Metrics (Attachment #1)
- ii. Meeting Minutes

Director Thomas and Barbara Pryor, Chief Human Resources Officer, provided an overview of the metrics and meeting minutes. The Board reviewed and discussed the information.

Chair Hammock noted that CCHHS' labor functions were moved to the Cook County Bureau of Human Resources last fall. He requested that a status report on the grievance process be provided from them within the next couple of months.

Director Thomas, seconded by Director Prendergast, moved the approval of the Minutes of the Meeting of the Human Resources Committee of February 19, 2019. THE MOTION CARRIED UNANIMOUSLY.

C. Managed Care Committee

- i. Metrics (Attachment #2)

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the metrics. The Board reviewed and discussed the information.

D. Finance Committee Meeting, February 22, 2019

- i. Metrics (Attachment #3)
- ii. Meeting Minutes, which include the following action items and report:
 - Contracts and Procurement Items (detail was provided as an attachment to this Agenda)

Chair Hammock presented the Meeting Minutes for the Board's consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics, and Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests that were considered at the Finance Committee Meeting. Request number 8 (Vizient Data Services, LLC) was withdrawn from consideration at the Finance Committee Meeting. It was noted that there is one (1) request pending review by Contract Compliance (request number 7).

During the review of the Minority and Women-Owned Business Enterprise (M/WBE) quarterly report (included in the Finance Committee Meeting Minutes), Director Deer requested information on the M/WBE percentage of the total annual budget for contractual requests. Mr. Jones responded that this information will be provided. Director Driscoll requested that the Board receive an overview of the M/WBE Ordinance and associated policies and practices in the near future. Director Thomas requested that the data be broken out between women-owned and minority-owned business enterprises in future reports.

V. Board and Committee Reports

D. Finance Committee Meeting, February 22, 2019 (continued)

During the review of the metrics, the Board discussed the subject of the unknown number of charity care patients who may be eligible for Medicaid but do not complete their applications to the program. Following that discussion, Director Munar recommended that staff try to gather more demographic data on the charity care patients, to try to find out what is driving that number.

Director Thomas, seconded by Director Munar, moved the approval of the Minutes of the Meeting of the Finance Committee of February 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

E. Quality and Patient Safety Committee Meeting, February 22, 2019

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which included the following action items and report:
 - Two (2) proposed Stroger Hospital Division ~~Chief~~ Chair Initial Appointments
 - Medical Staff Appointments/Reappointments/Changes

Director Gugenheim and Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics and meeting minutes.

Director Gugenheim, seconded by Director Thomas, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of February 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

VI. Action Items

A. Contracts and Procurement Items

There were no contracts and procurement items presented directly for the Board's consideration.

B. Any items listed under Sections IV, V, VI and X

VII. Report from Chair of the Board

Chair Hammock commented on the results of the recent election for Mayor of the City of Chicago, in which Cook County Board President Toni Preckwinkle was one (1) of the two (2) candidates who received the most votes and now faces a run-off election in April. He provided an overview of what could happen in Cook County government if President Preckwinkle should win the Mayoral election in April. He stated that, should the County Board President resign, the President Pro Tempore, currently Commissioner Deborah Sims, would assume the Presidency for up to thirty (30) days. During that thirty (30) day period, the County Board would select a President from amongst themselves to serve as President until the next election (Primary Election March 2020/General Election November 2020), when a new County Board President is elected.

VIII. Report from Chief Executive Officer (Attachment #5)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #5.

IX. Recommendations, Discussion / Information Items

A. Report from Cook County Department of Public Health (Attachment #6)

- Tobacco Prevention and Control Unit

The following individuals from the Cook County Department of Public Health (CCDPH) provided an overview of the Report: Dr. Terry Mason, Chief Operating Officer; Dr. Kiran Joshi, Attending Physician VIII; Gina Massuda-Barnett, Deputy Director of Public Health Programs; and Amy O'Rourke, Director for Chronic Disease Prevention and Control.

The Report contained information on the following subjects:

CCDPH Tobacco Prevention and Control Program

- Goals
- Funding
- Tobacco Use – Background
- Vaping
- Application of Evidence Base
- 2018-2019 Success and Impact
- Future Directions
- References

B. Strategic planning discussion: Safety Net Strategies/Vulnerabilities, Local Market Realities, Partnerships (Attachment #7)

Dr. Shannon provided an overview of the strategic planning discussion presentation on Safety Net Strategies/Vulnerabilities, Local Market Realities, Partnerships, which included information on the following subjects:

- Impact of Mergers, Consolidations, Acquisitions
- Service Accessibility Issues for Vulnerable Communities
- Illinois Hospital Assessment Program and Transformation
- Strategic Recommendations

X. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Evaluation and consideration of annual incentive for CCHHS Chief Executive Officer**
- D. Consideration of proposed FY2019 Executive Incentive Plan for CCHHS Chief Executive Officer**

Director Gugenheim, seconded by Director Thomas, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Deer, Gugenheim, Koetting, Munar, Prendergast, Richardson-Lowry and Thomas (8)

Nays: None (0)

Absent: Directors Driscoll*, Reiter and Suleiman Gonzalez (3)

*Director Driscoll was not present during the roll call vote on the motion to go into a closed meeting, but was present during the closed meeting discussion.

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

XI. Adjourn

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

- | | |
|------------|---|
| Follow-up: | Request made for status report on grievance process to be provided by staff from the Cook County Bureau of Human Resources within the next couple of months. Page 2 |
| Request: | Request made for information on the M/WBE percentage of the total annual budget for contractual requests. Page 2 |
| Follow-up: | Request made for a future overview/presentation to be made on the M/WBE Ordinance and associated policies and practices in the near future. Page 2 |
| Request: | Request regarding future M/WBE quarterly reports – that the data be broken out between women-owned and minority-owned business enterprises. |

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ATTACHMENT #1

Human Resources Metric

CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

February 28, 2019



Metrics

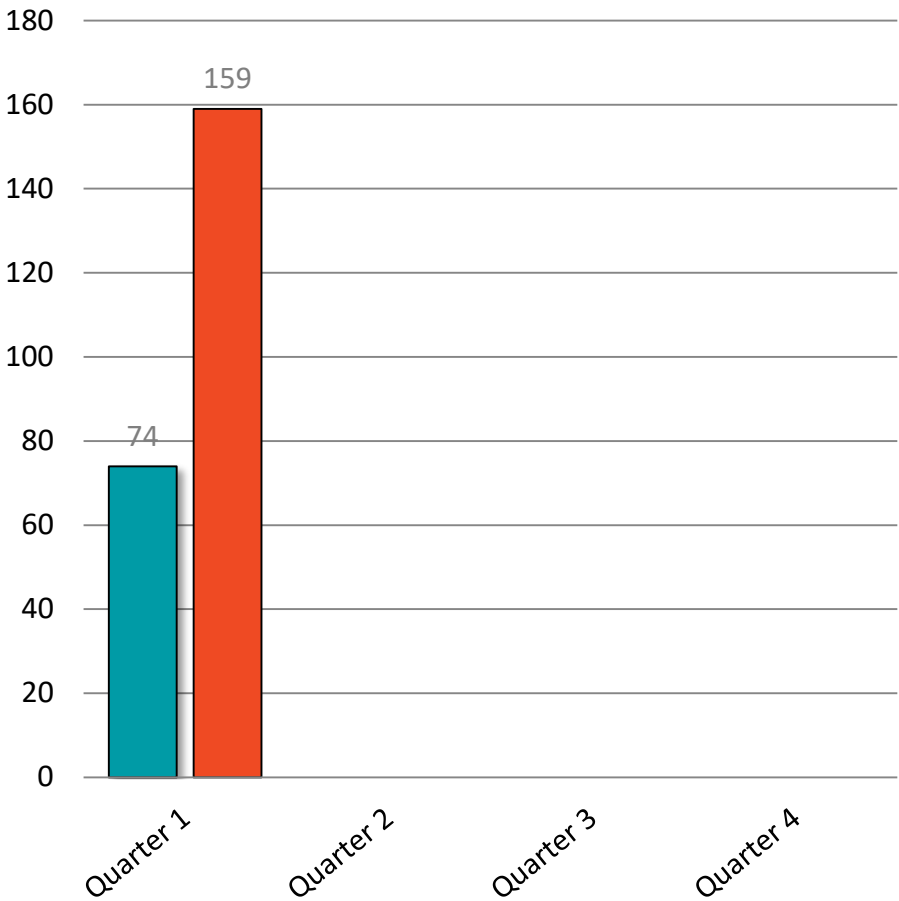


CCH HR Activity Report- Open Vacancies

Thru 01/31/2019

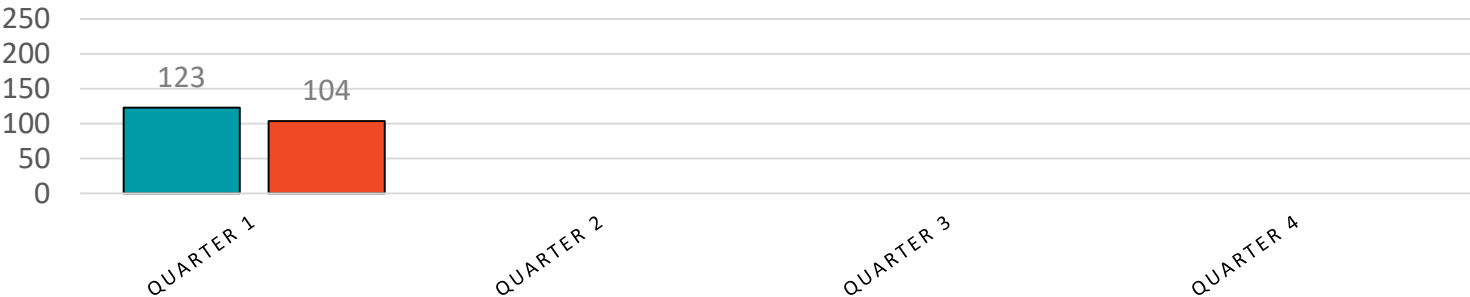
FILLED POSITIONS

■ 2018 Filled (74) ■ 2019 Filled (159)

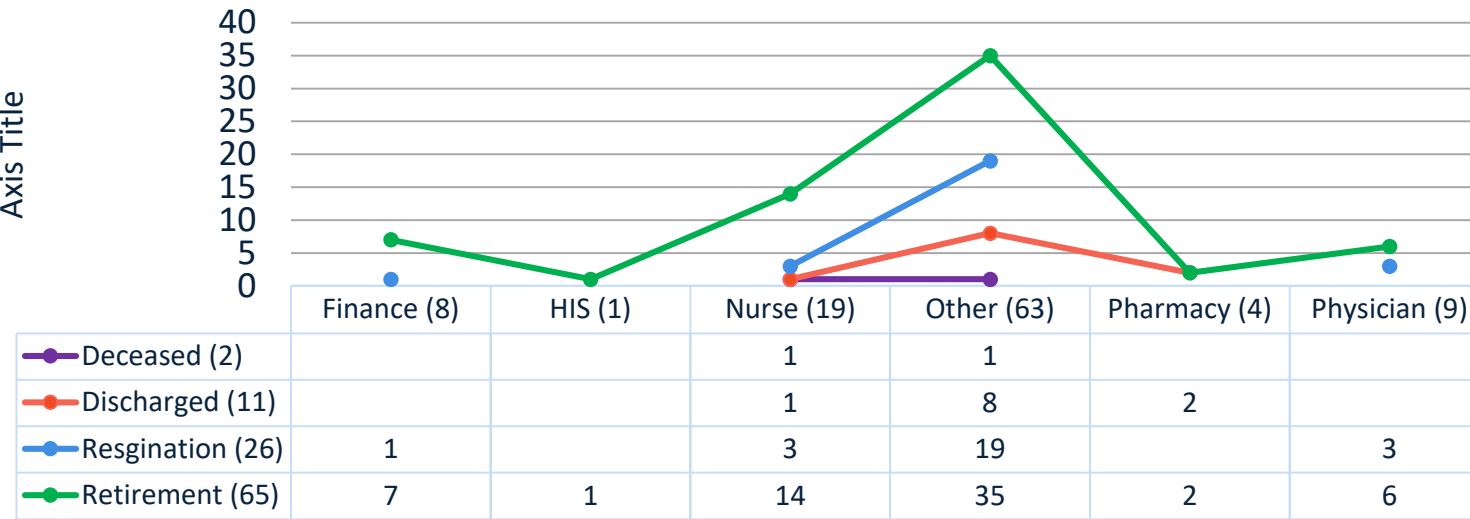


SEPARATIONS

■ 2018 Separations (123) ■ 2019 Separations (104)



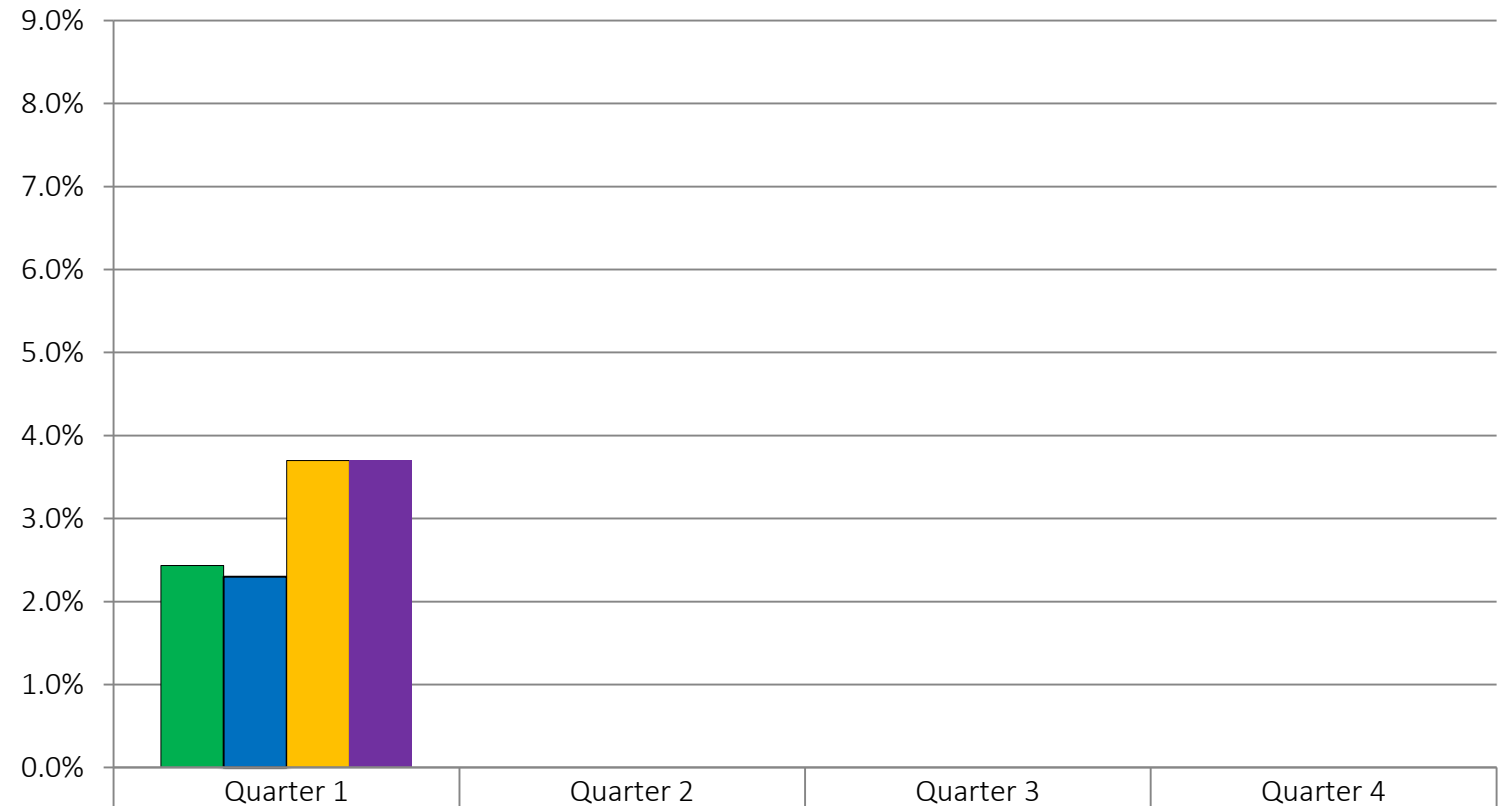
SEPARATIONS BY CLASSIFICATION - 104



COOK COUNTY
HEALTH

CCH HR Activity Report- Turnover

CCH TURNOVER
Turnover Year-to-Date
 Head Count: 6,293



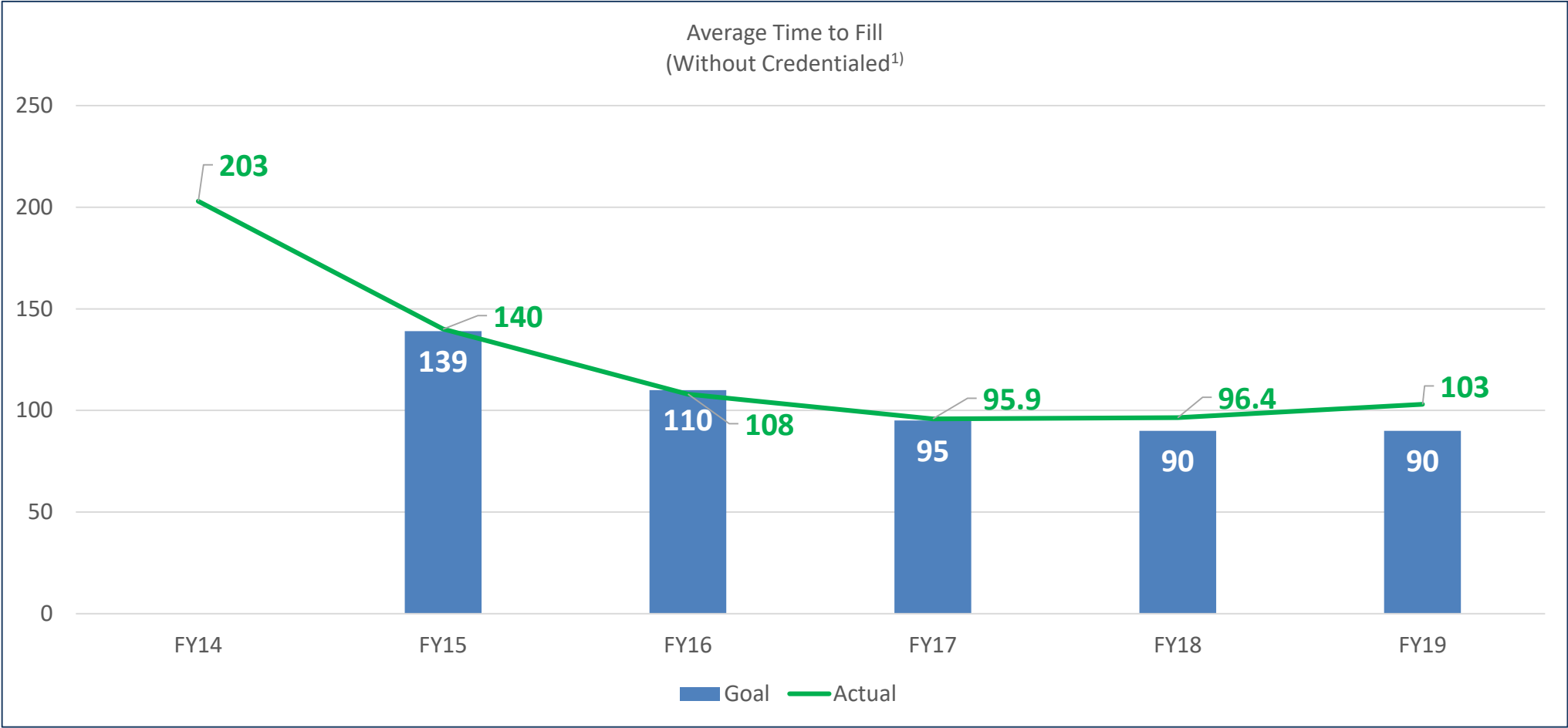
YTD Cumulative Totals:

FY19 CCHHS Turnover	2.4%			
FY18 CCHHS Turnover	2.3%			
FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%			
FY18 U.S. Dept. of Labor Turnover Data	3.7%			



CCH HR Activity Report- Open Vacancies

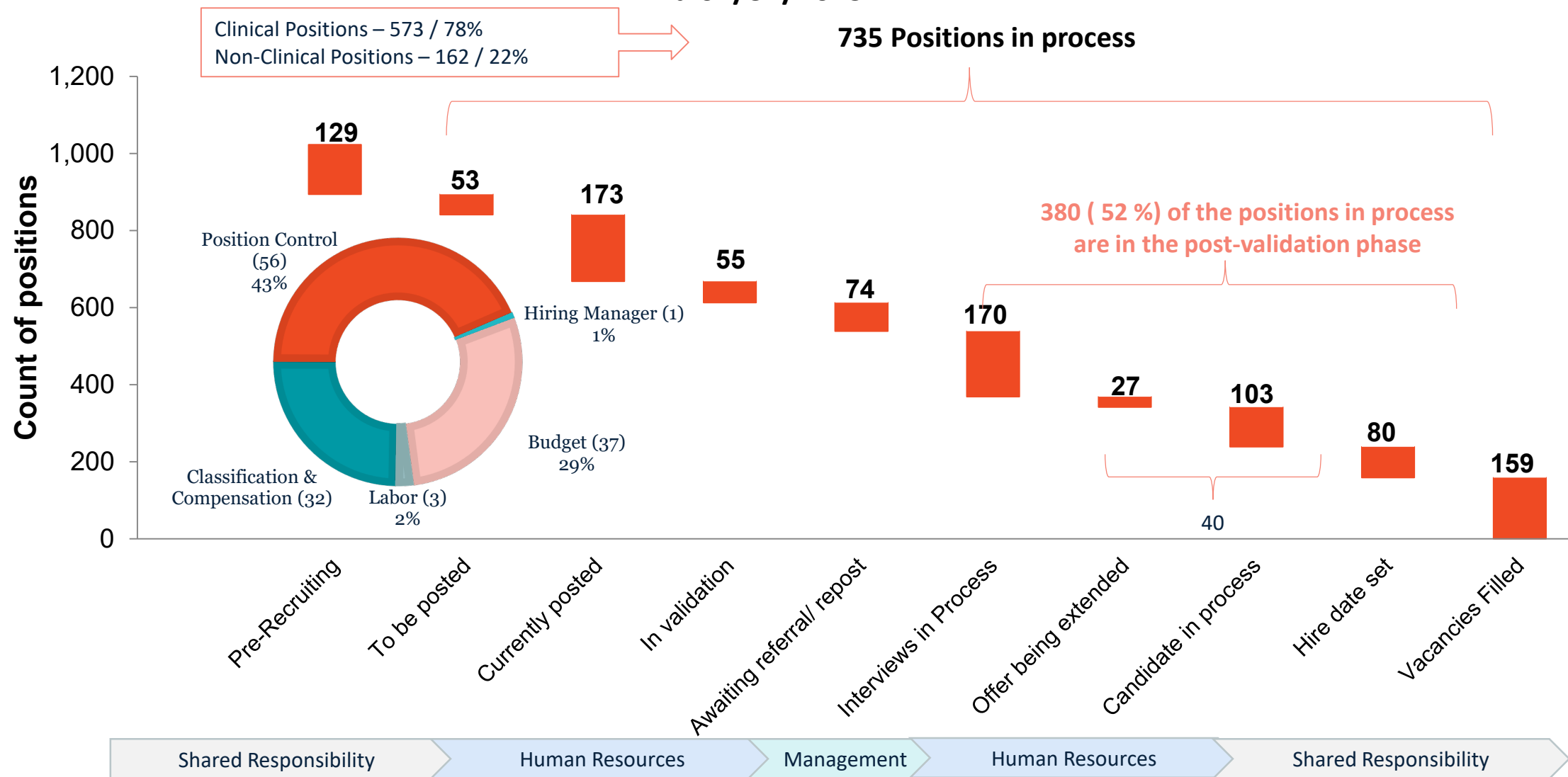
Improve/Reduce Average Time to Hire*



¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

CCH HR Activity Report- Hiring Snapshot

Thru 01/31/2019



Thank you.



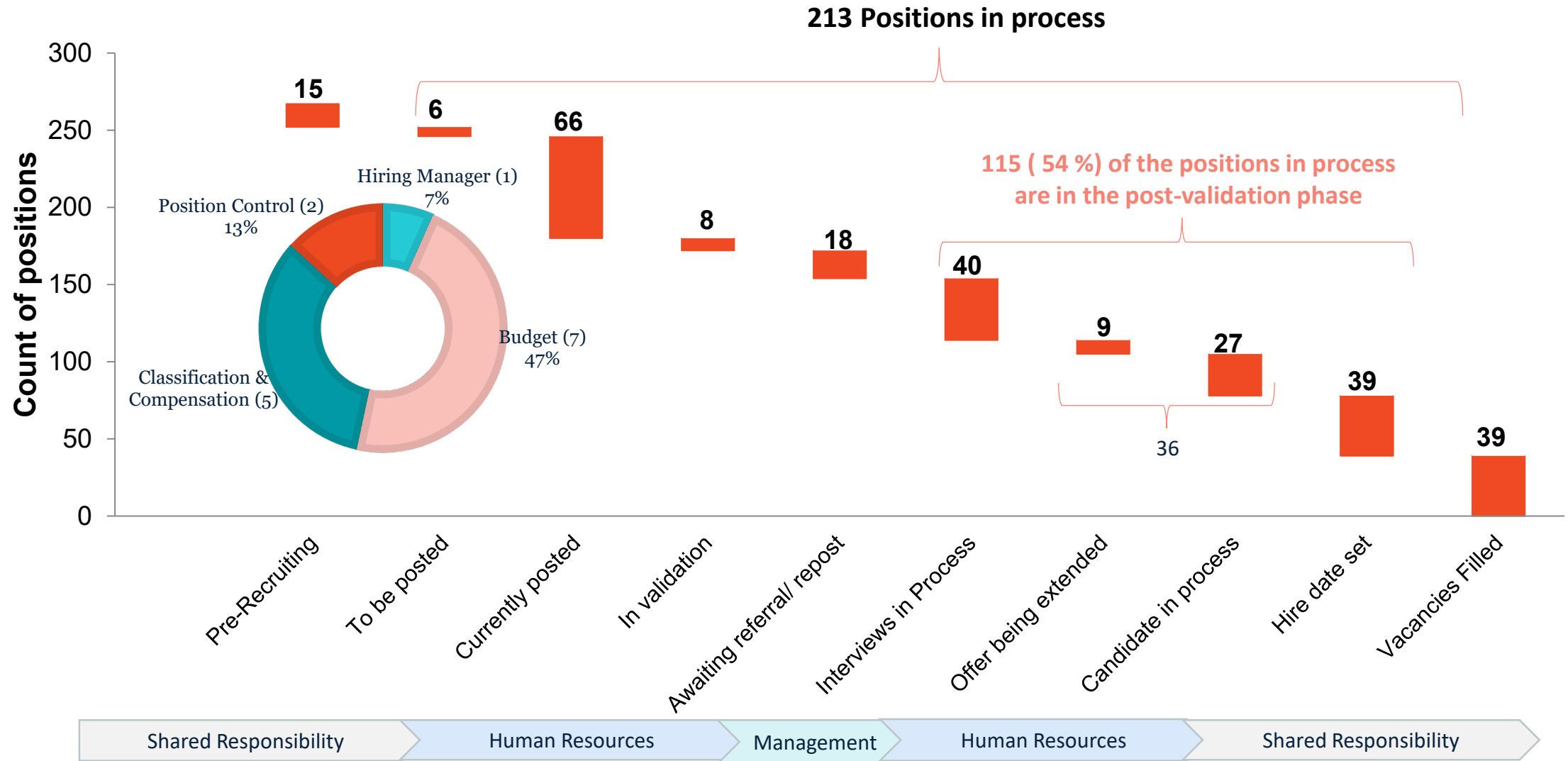
Appendix



COOK COUNTY
HEALTH

CCH HR Activity Report- Nursing Hiring Snapshot

Thru 01/31/2019

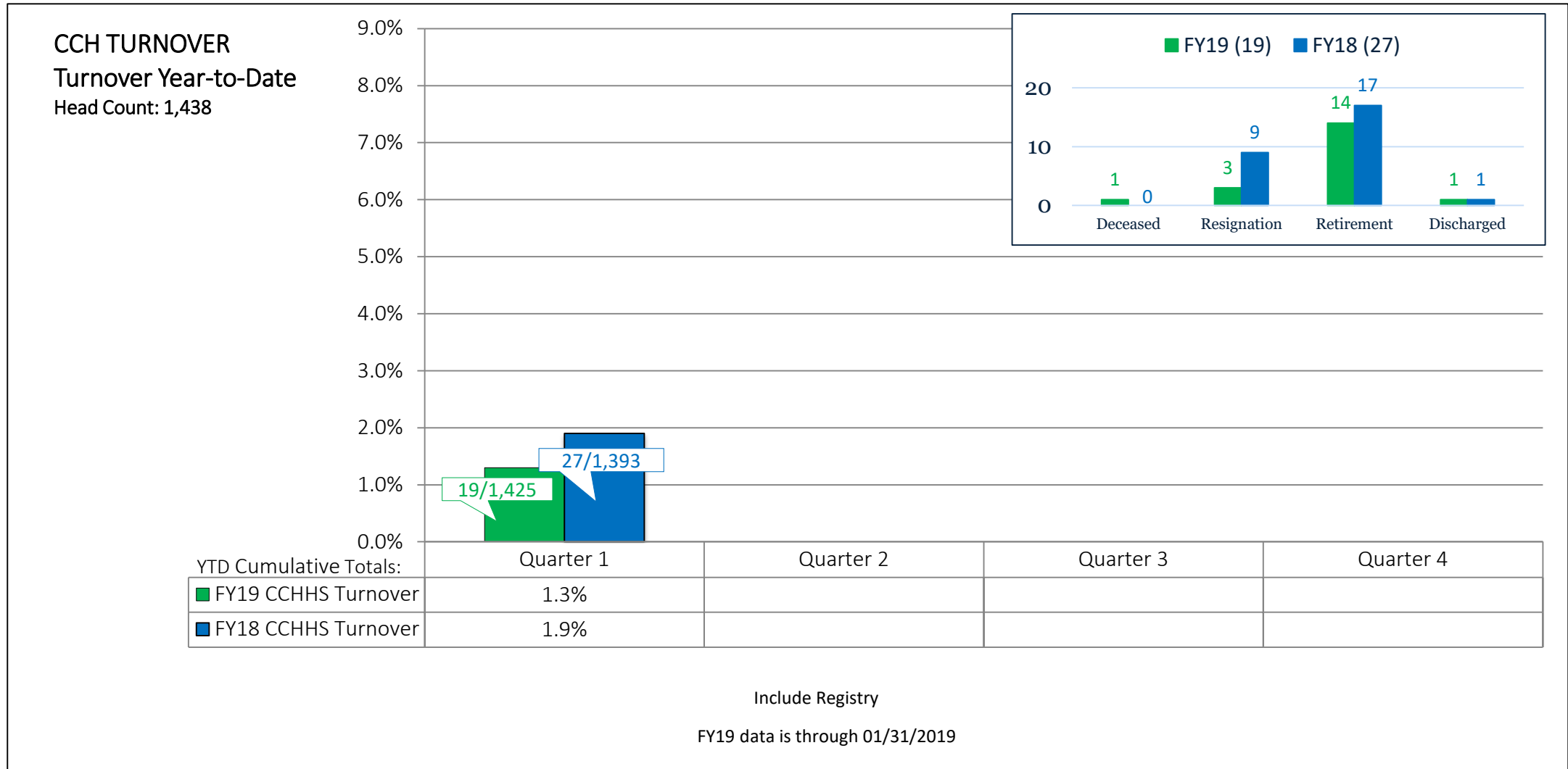


COOK COUNTY
HEALTH

228 Vacant positions

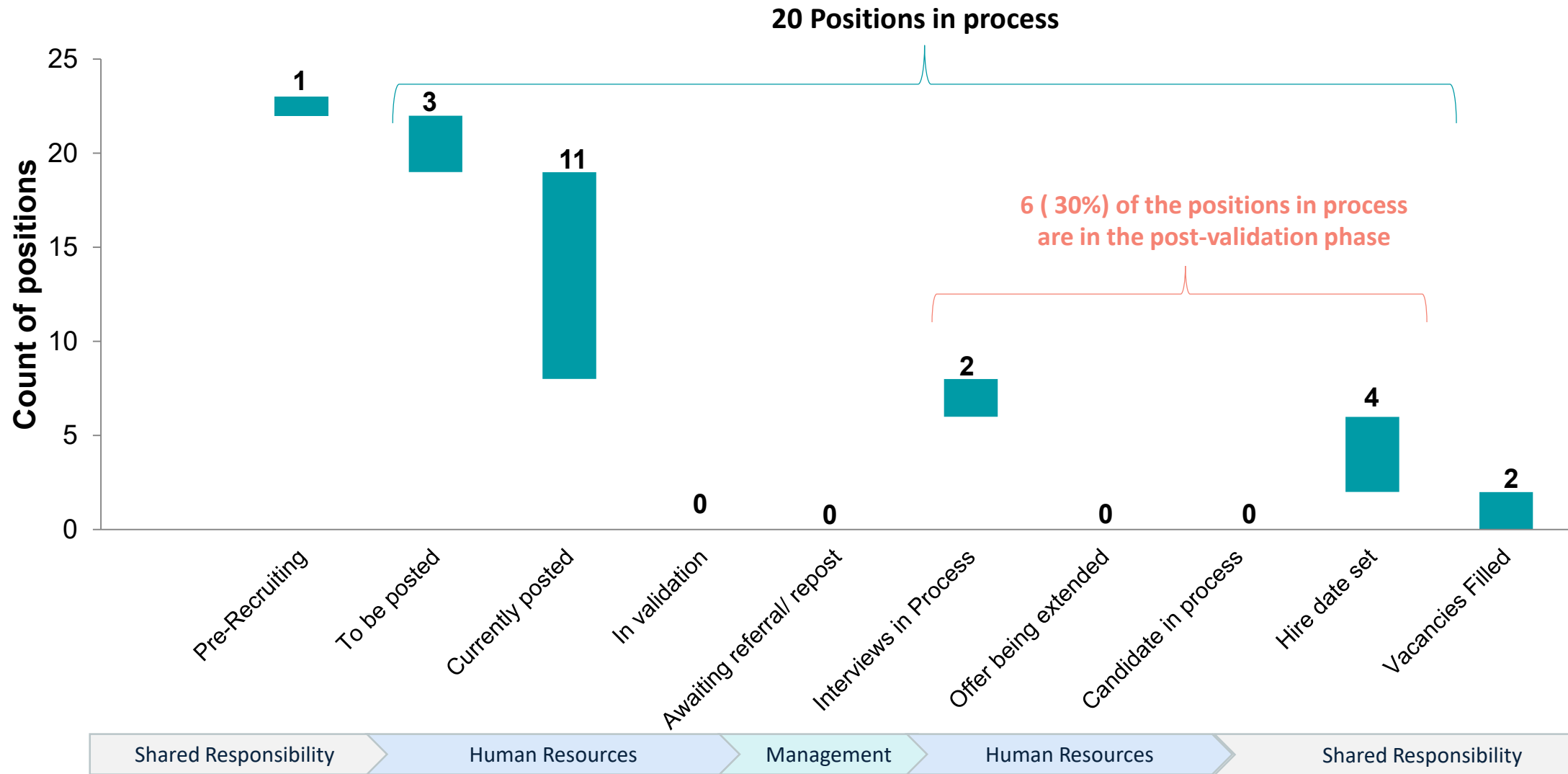
16 of 100

Nursing Activity Report Turnover



CCH HR Activity Report- Revenue Cycle Hiring Snapshot

Thru 1/31/ 2019



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ATTACHMENT #2

CountyCare Update

Prepared for: Cook County Health Board of Directors

James Kiamos

CEO, CountyCare

February 28, 2019



Current Membership

Monthly membership as of February 7, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	213,771	22,645	10.6%
ACA	72,016	14,700	20.4%
ICP	29,673	6,539	22.0%
MLTSS	5,534	0	N/A
Total	320,994	43,884	13.7%

ACA: Affordable Care Act
FHP: Family Health Plan

ICP: Integrated Care Program
MLTSS: Medicaid Long-Term Service and Support

*At 4% attrition during open enrollment (15% attrition last year).



Managed Medicaid Market

Illinois Department of Healthcare and Family Services December 2018 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share	State Total Enrollment
*CountyCare	330,013	31.7%	330,013
Meridian (a WellCare Co.)	245,680	23.6%	835,979
Blue Cross Blue Shield	238,314	22.9%	389,392
IlliniCare	108,791	10.5%	344,957
Molina	69,434	6.7%	219,862
*Next Level	47,888	4.6%	47,888
Total	1,040,120	100.0%	2,168,091

* CountyCare and Next Level only operating in Cook

Notes: Continuous attrition of HealthChoice Illinois enrollment overall; down 13,012 in Cook County Nov. to Dec. alone. Since Jan. 2018; HealthChoice Illinois has lost 117,990 enrollees (10%) in Cook County.



2018 Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Oct	Nov	Dec
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	0.79%	0.39%	0.79%
Hold Time (minutes)	1:00	0:06	0:05	0:11
% Calls Answered < 30 seconds	> 80%	95.39%	95.22%	91.42%
Claims/Encounters Acceptance Rate	95%	96.99%	96.99%	96.99%



2018 Operations Metrics: Claims Payment

		Performance		
Key Metrics	State Goal	Oct	Nov	Dec
Claims Payment Turnaround Time & Volumes				
% of Clean Claims Adjudicated < 30 days	90%	94.2%	95.6%	97.1%
% of Claims Paid < 30 days	90%	35.2%	62.5%	65.7%
Total Claims Adjudicated	N/A	397,673	452,893	436,813



2018 Operations Metrics:

Overall Care Management Performance

		Performance		
Key Metrics	Market %	Oct	Nov	Dec
Completed HRS/HRA (all populations)				
Overall Performance	40%	53.4%	57.0%	57.4%
Completed Care Plans on High Risk Members				
Overall Performance	65%	69.7%	64.7%	67.4%

- CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program.



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ATTACHMENT #3

CCH Board Meeting February 2019

Ekerete Akpan, Chief Financial Officer
February 28, 2019



COOK COUNTY
HEALTH

FY 2018 Draft Unaudited Financials



Preliminary Observations

- Gross Patient Services Revenues (Charges) grew from \$1.61B to \$1.69B in FY2018, a 5% increase
- Net Patient Service Revenue about flat from FY2017, we expect a further review as we complete the year end audit
- Change in Net Position- projected bottomline improvement vs. FY2017, within 5% of FY2018 budget expectations \$120M on the accrual basis.
- Systemwide uninsured numbers, captured by visit held about 42%

Draft Unaudited Income Statement for the Fiscal Year 2018 (Thousands)

	2017	2018	\$ Variance	% Variance
<u>Operating Revenues</u>				
Net Patient Service Revenue	593,240	590,021	(3,219)	-0.5%
County Care Capitation	836,538	1,930,510	1,093,972	130.8%
Provident Hospital Access Payments	112,840	106,551	(6,289)	-5.6%
Grant Revenue	11,803	10,000	(1,803)	-15.3%
Electronic Health Record Incentive	3,494	1,559	(1,936)	-55.4%
Other Revenue	13,420	14,029	609	4.5%
Total Operating Revenues	1,571,335	2,652,670	1,081,335	68.8%
Total Nonoperating Revenues	102,499	77,499	(25,000)	-24.4%
<u>Operating Expenses:</u>				
Salaries and wages	677,210	686,681	9,471	1.4%
Pension	235,749	243,363	7,614	3.2%
Supplies & Materials	138,590	159,426	20,836	15.0%
Purchased services, rental and other	242,425	268,561	26,136	10.8%
External Claims Expense	680,190	1,639,856	959,665	141.1%
Insurance	34,295	34,295	(0)	0.0%
Depreciation	25,430	34,427	8,997	35.4%
Utilities	13,695	12,268	(1,426)	-10.4%
Services by other County offices	29,923	29,923	-	0.0%
Total Operating Expenses	2,077,507	3,108,799	1,031,292	49.6%
Loss before capital contributions & transfers in	(403,673)	(378,631)	25,042	-6.2%
Capital Contributions	68,710	63,150	(5,560)	-8.1%
Transfers in	189,510	189,510	-	0.0%
Change in Net Position	(145,454)	(125,971)	19,483	13.4%





FY 2019 Financials





Systemwide Observations, Finance and Revenue Cycle Metrics



COOK COUNTY
HEALTH

Observations

Change in Net position challenging to FY2019 targets but drivers to watch vs. same time FY18 include

- Primary Care visits are up by 2%, and Specialty Care visits are up 5%
- Surgical Cases up 1% and slightly below FY2019 Target
- Inpatient Discharges down 11% and LOS 16% lower
- Emergency Department visits are down 1%
- Deliveries are flat
- Case Mix Index is up by 10%, sustained improvement in coding and documentation of our patients complexity, comorbidity and complications
- System-wide uninsured numbers, captured by visit held 44% (Provident 37%, ACHN 44%, Stroger 47%)
- System wide Revenue Cycle ratios challenging in Dec-2018 we expect to sustain FY2018 progress

Income Statement for the One Month ending Dec-2018 (in thousands)

	Year-To-Date		Variance	
	Actual	Budget	\$	%
<u>Operating Revenue</u>				
Net Patient Service Revenue	50,846	62,358	(11,512)	-18%
CountyCare Capitation Revenue	186,503	151,812	34,690	23%
Access Payments	2,892	2,892	-	0%
Other Revenue	109	1,083	(974)	-90%
Total Operating Rev	240,350	218,146	22,204	10%
<u>Operating Expenses</u>				
Salaries & Benefits	53,681	58,861	5,180.02	9%
Overtime	3,961	2,983	(978)	-33%
Contracted Labor	2,220	2,843	624	22%
Pension*	20,280	20,280	-	
Supplies & Materials	16,121	5,171	(10,950)	-212%
Pharmaceutical Supplies	10,659	6,736	(3,923)	-58%
Purch. Svs., Rental, Oth.	18,753	25,888	7,134	28%
External Claims Expense	164,467	118,047	(46,419)	-39%
Insurance Expense	1,864	2,453	589	24%
Depreciation	2,892	2,892	-	0%
Utilities	1,026	824	(202)	-25%
Total Operating Exp	295,923	246,978	(48,945)	-20%
Operating Margin	(55,573)	(28,832)	(26,741)	-93%
Operating Margin %	-23%	-13%	-10%	-75%
Non Operating Revenue	21,604	21,604	-	0%
Net Income/(Loss)	(33,970)	(7,229)	(26,741)	-370%



Financial Metrics

Metric	As of end Dec- 17/YTD	As of end Dec- 18/YTD	Target
Days Cash On Hand**	39	29	60
Operating Margin***	-9.5%	-11%	-5.4%
Overtime as Percentage of Gross Salary	6.6%	7.9%	5.0%
Average Age of Plant (Years)	23.3	23.2	10.7

*Days Cash on Hand Target 60 days, Moody's 198 days . Overtime as percentage of Gross Salary Target 5% , Moody's 2%

** Days Cash in Hand Point in time i.e. as of end October for each year

***Excludes Pension Expense Target based on compare group consisting of 'like' health systems : Alameda Health System, Medtronic Center, Parkland Health & Hospital System, and UI Health

Revenue Cycle Metrics

Metric	Average FYTD 2019	Dec-18	Jan-18	Benchmark /Target
Average Days in Accounts Receivable <i>(lower is better)</i>	99.5	99	100	45.85 – 54.9*
Discharged Not Finally Billed Days <i>(lower is better)</i>	10.2	9.9	10.5	7.0
Claims Initial Denials Percentage <i>(lower is better)</i>	23%	22%	23%	20%

Definitions:

Average Days in Accounts Receivable Total accounts receivable over average daily revenue

Discharged Not Finally Billed Days Total charges of discharge not finally billed over average daily revenue

Claims Initial Denials Percentage Percentage of claims denied initially compared to total claims submitted.

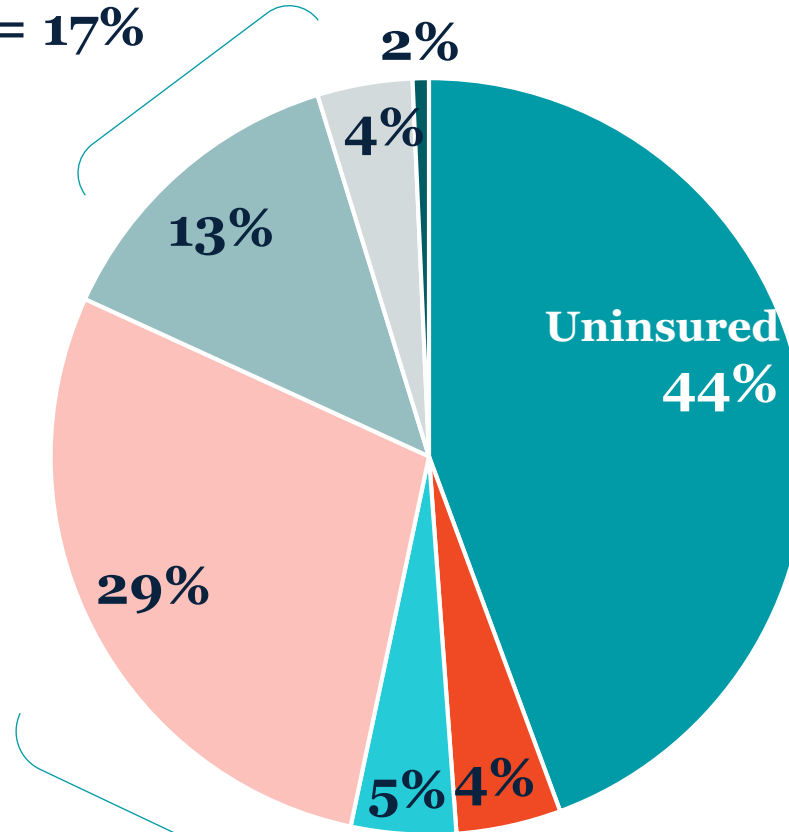
* Source HFMA Key Hospital Statistics and Ratio Margins, 2014



System Payor Mix By Visit

All Medicare = 17%

All Medicaid = 34%



- Uninsured
- Commercially Insured
- Medicaid
- Medicaid Managed Care
- Medicare
- Medicare Managed Care
- Other

Case Mix Index



Questions?



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ATTACHMENT #4

QPS Quality Dashboard



February 28, 2019



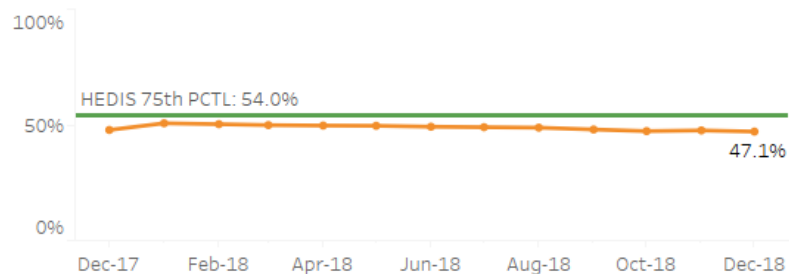


COOK COUNTY HEALTH

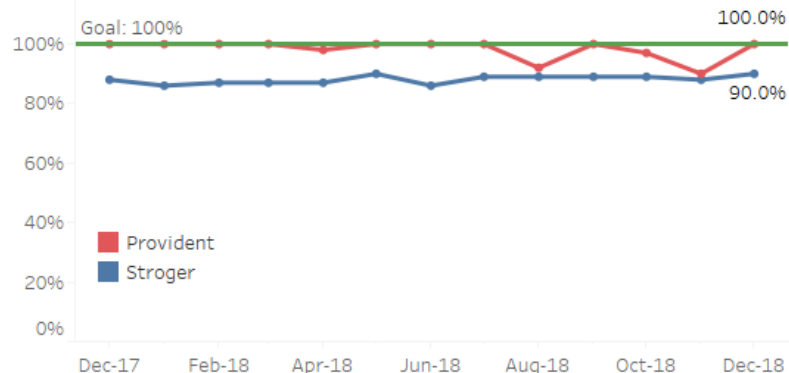
Quality Dashboard
February 22, 2019

Health Outcomes

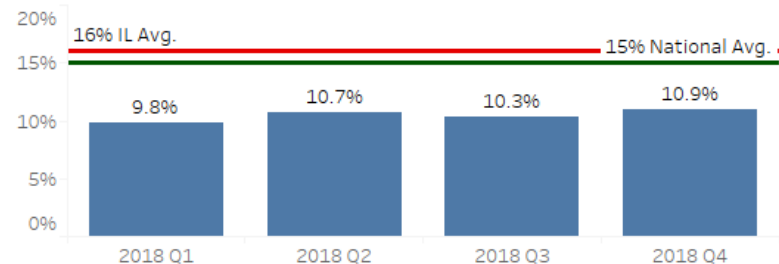
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

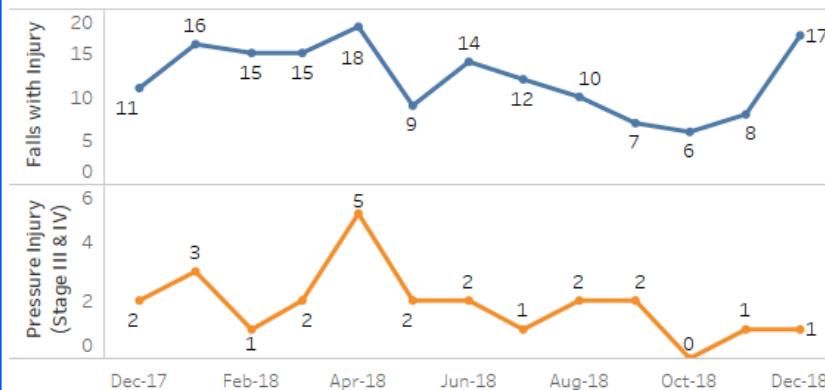


30 Day Readmission Rate

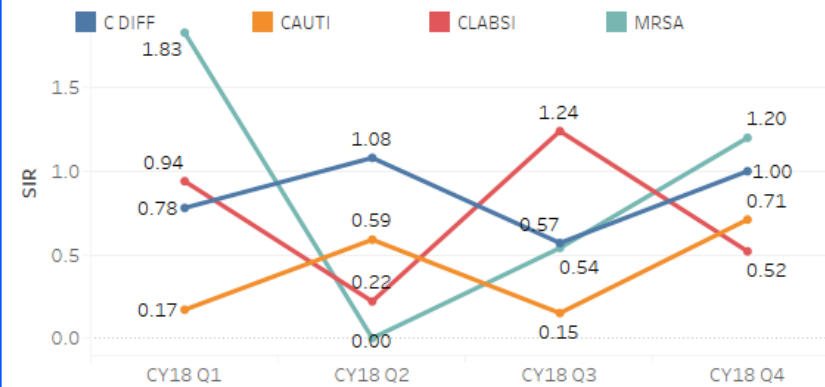


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

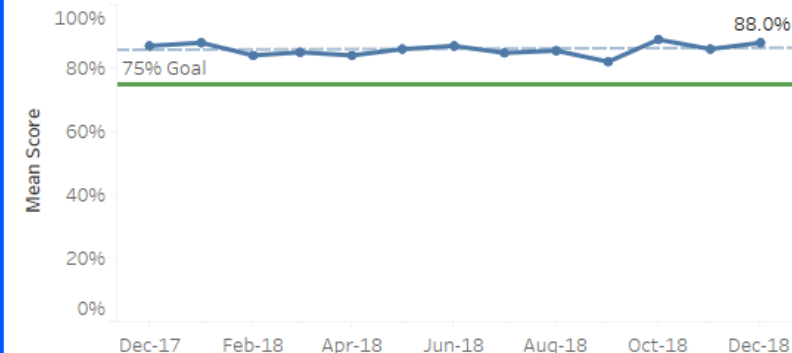


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

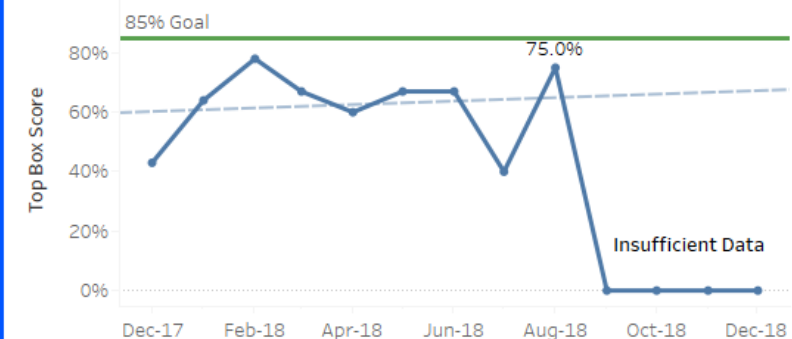
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
C DIFF	6	5	2	6	11	4	5	4	2	10	4	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1	3
CLABSI	2	1	1	0	1	0	2	3	0	0	0	2
MRSA	2	0	1	0	0	0	0	1	0	0	1	0

Utilization

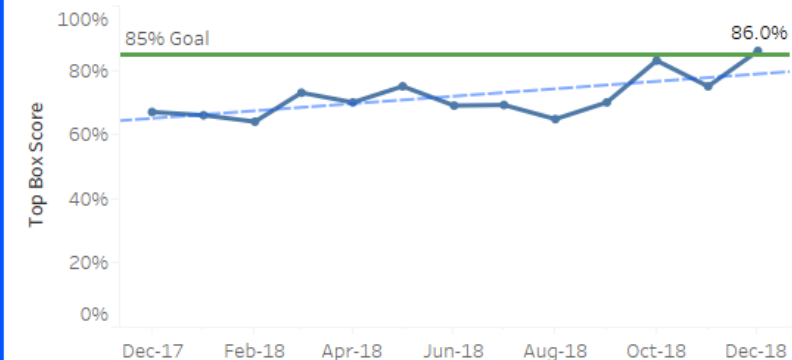
CCHC--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital

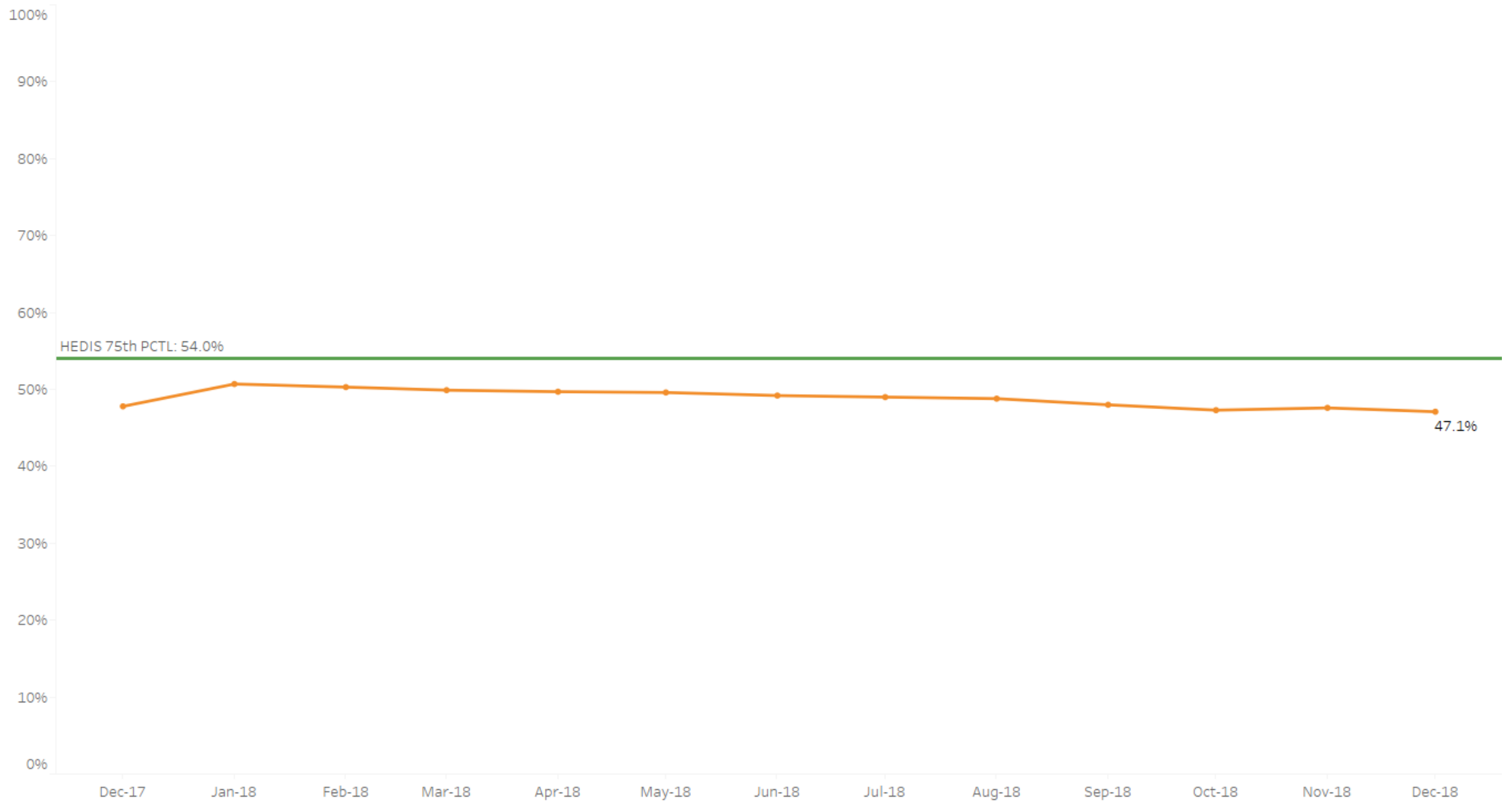


Stroger--Willingness to Recommend Hospital

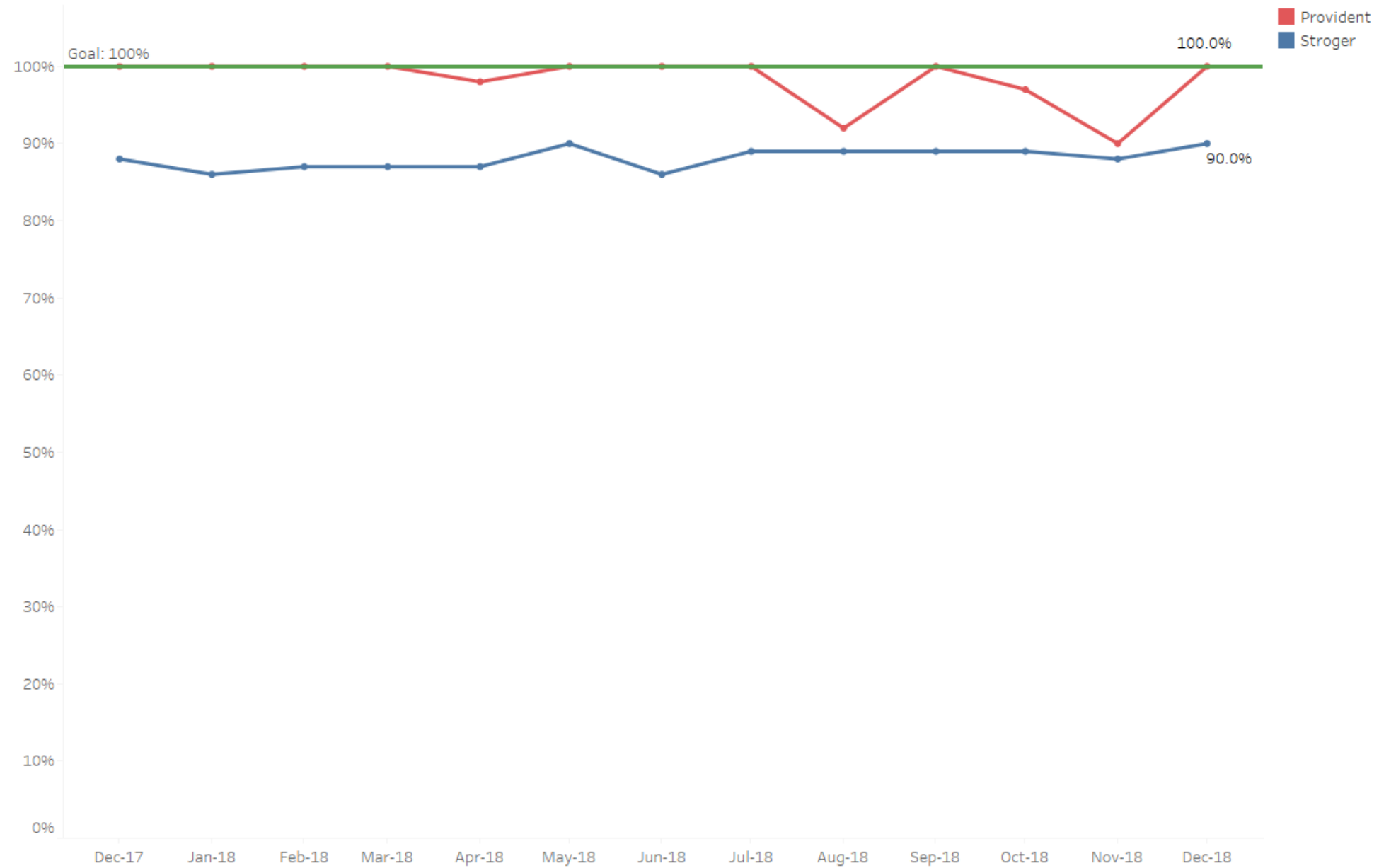


COOK COUNTY HEALTH

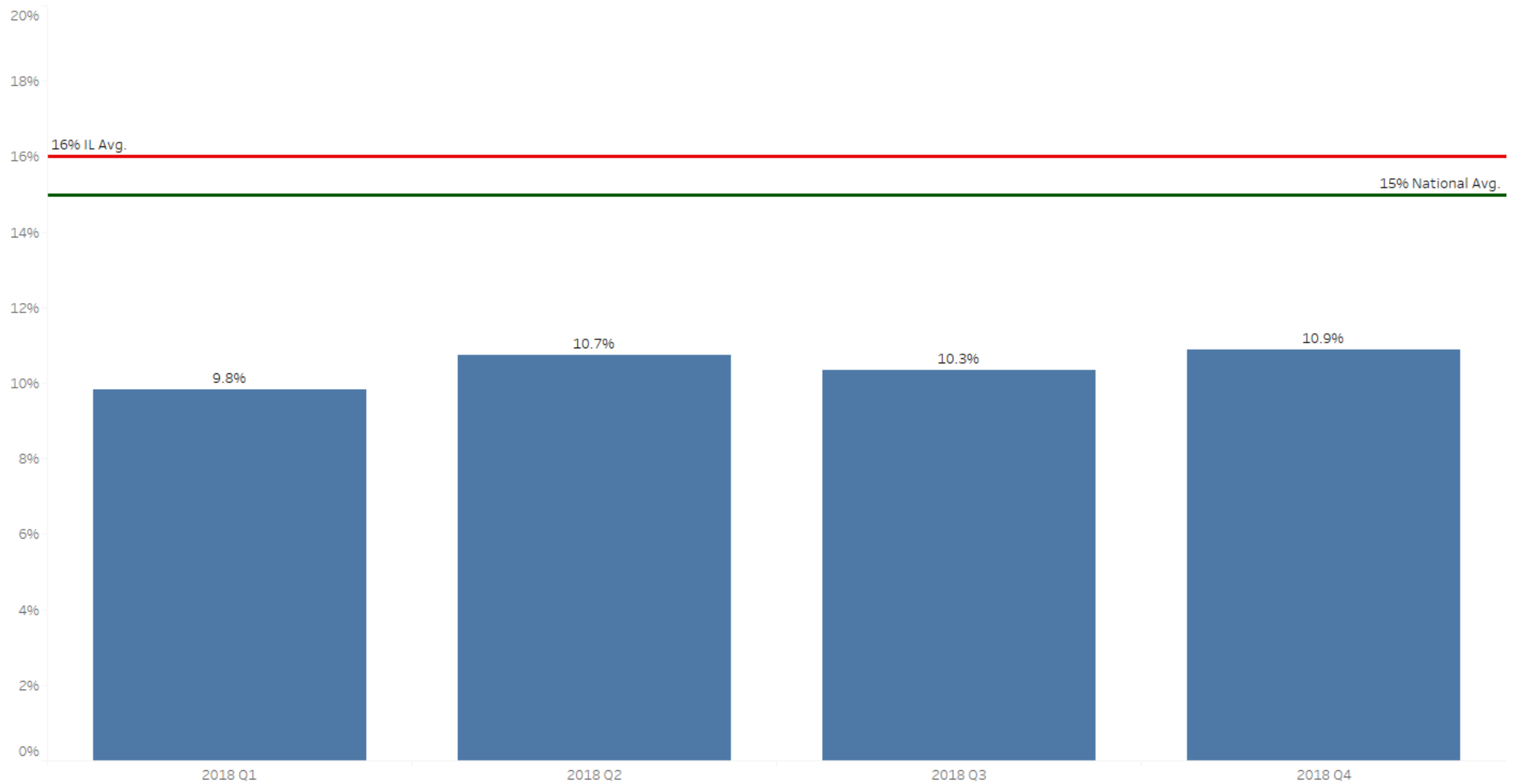
HEDIS - Diabetes Management: HbA1c < 8%



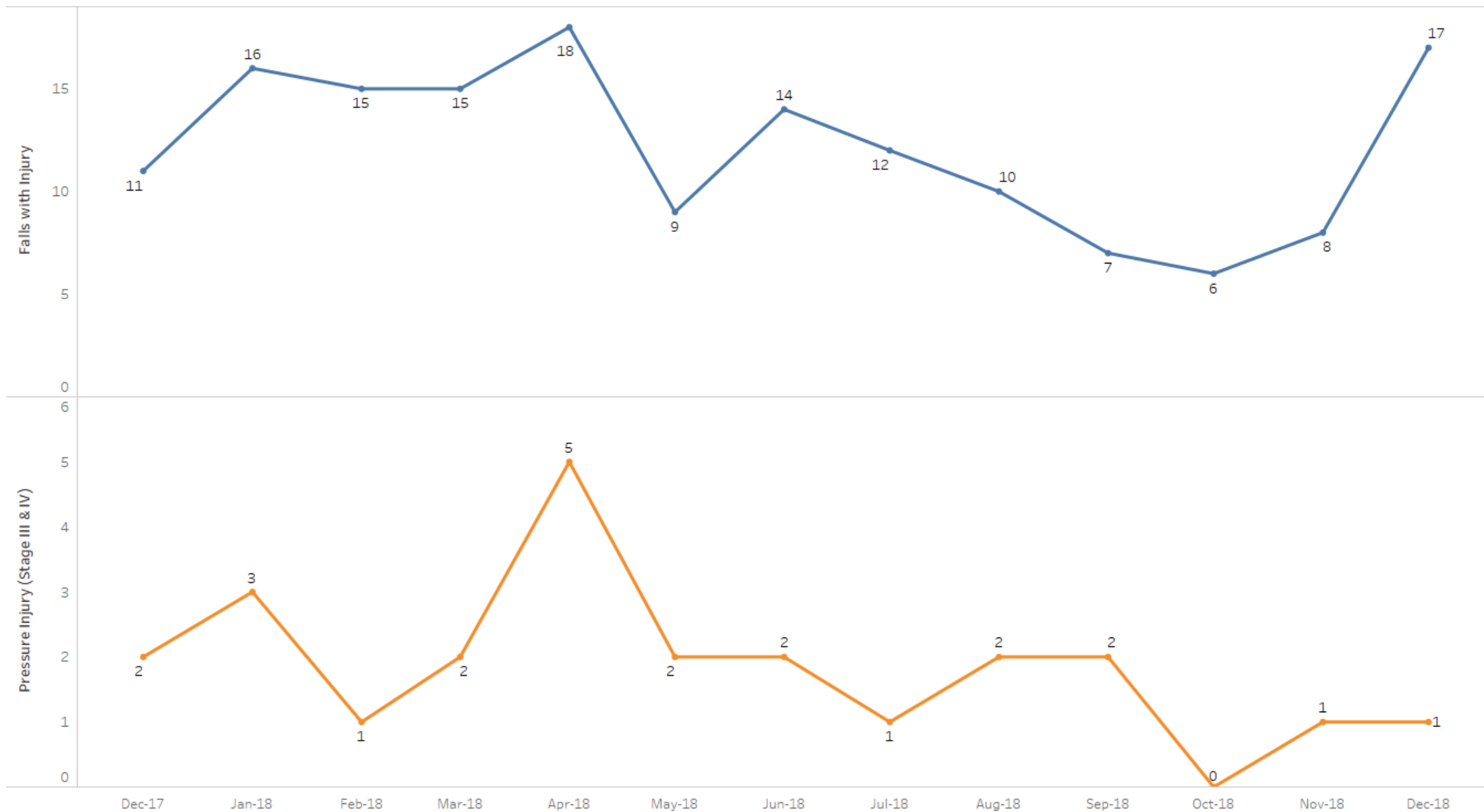
Core Measure - Venous Thromboembolism (VTE) Prevention

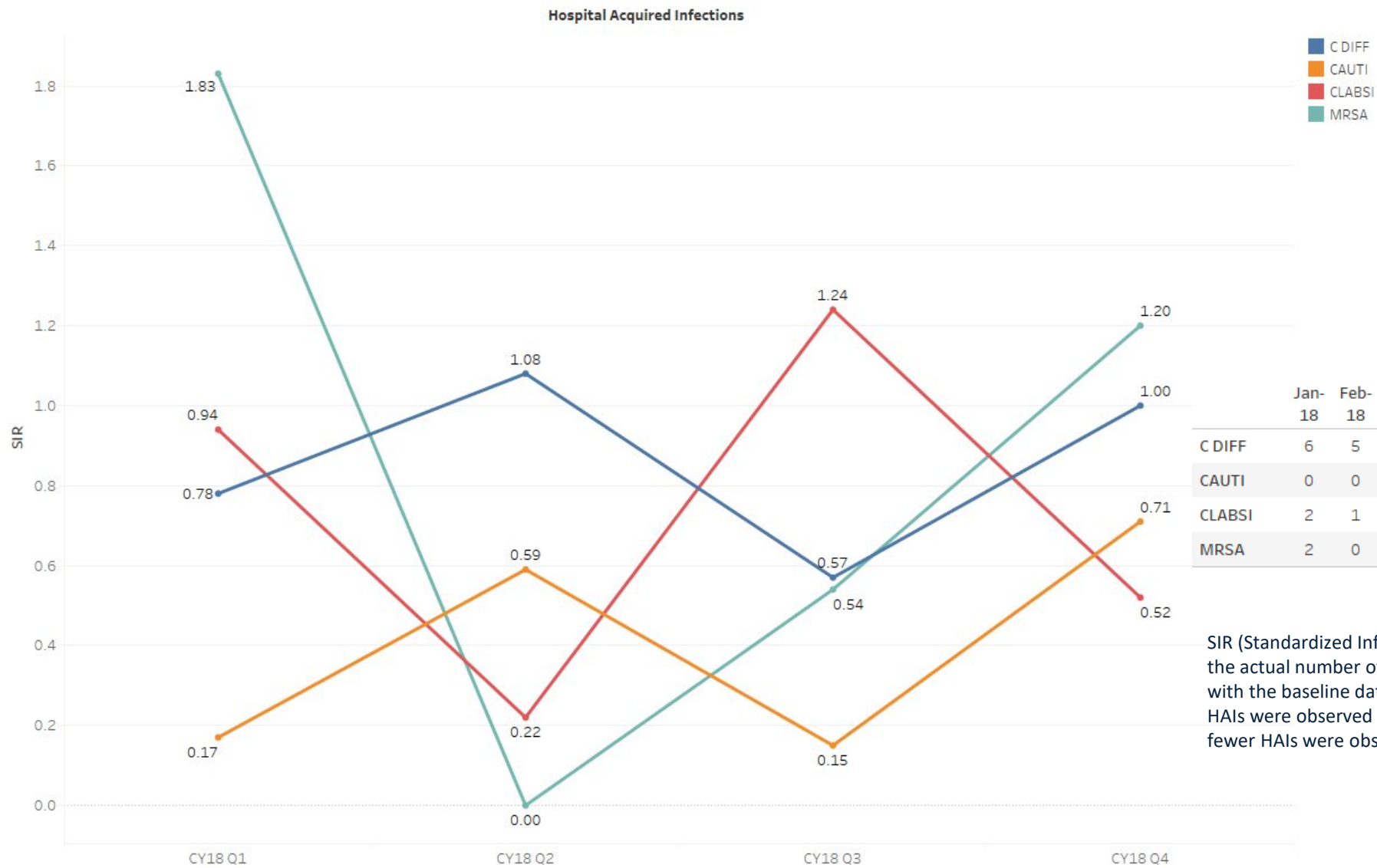


30 Day Readmission Rate



Hospital Acquired Conditions

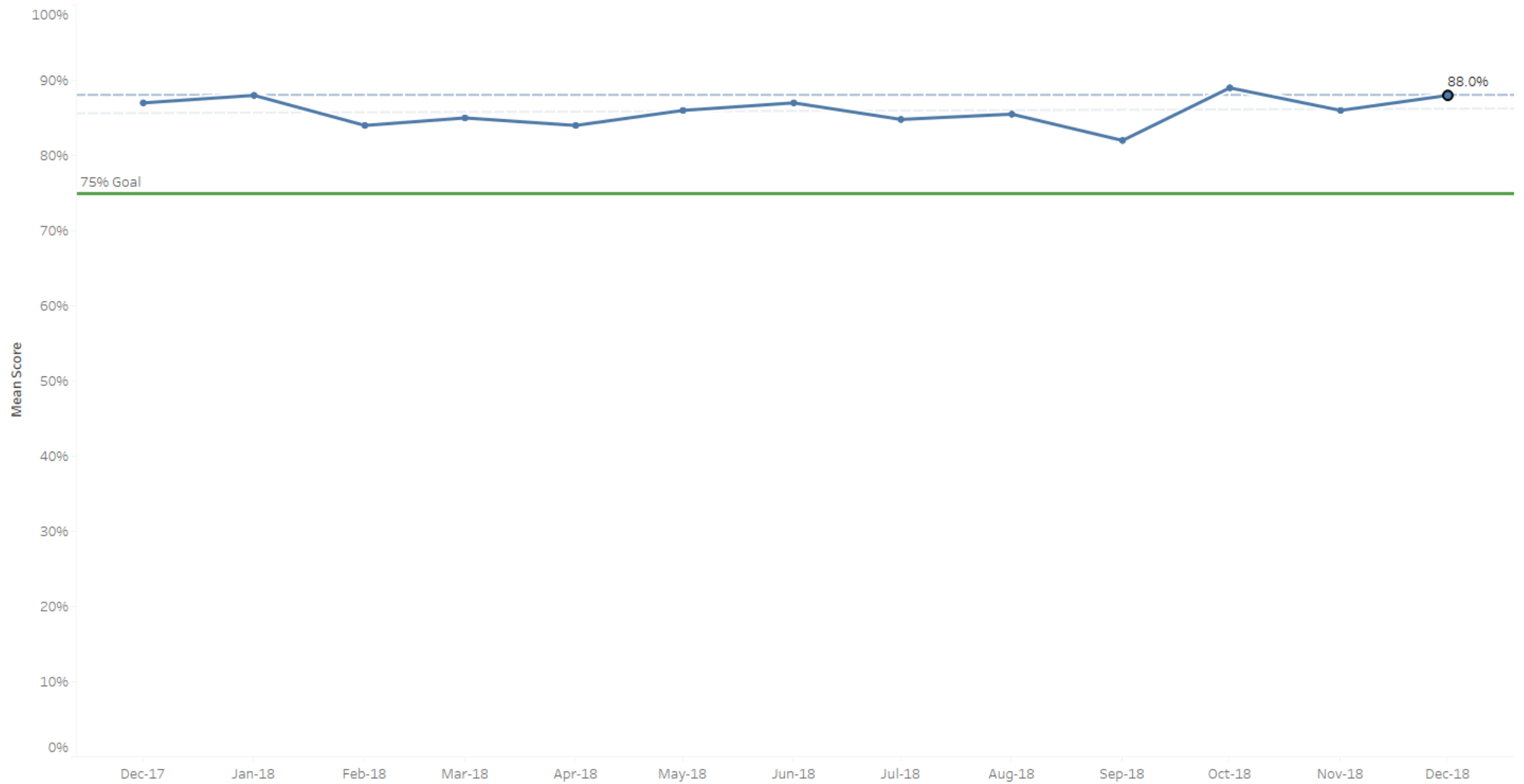




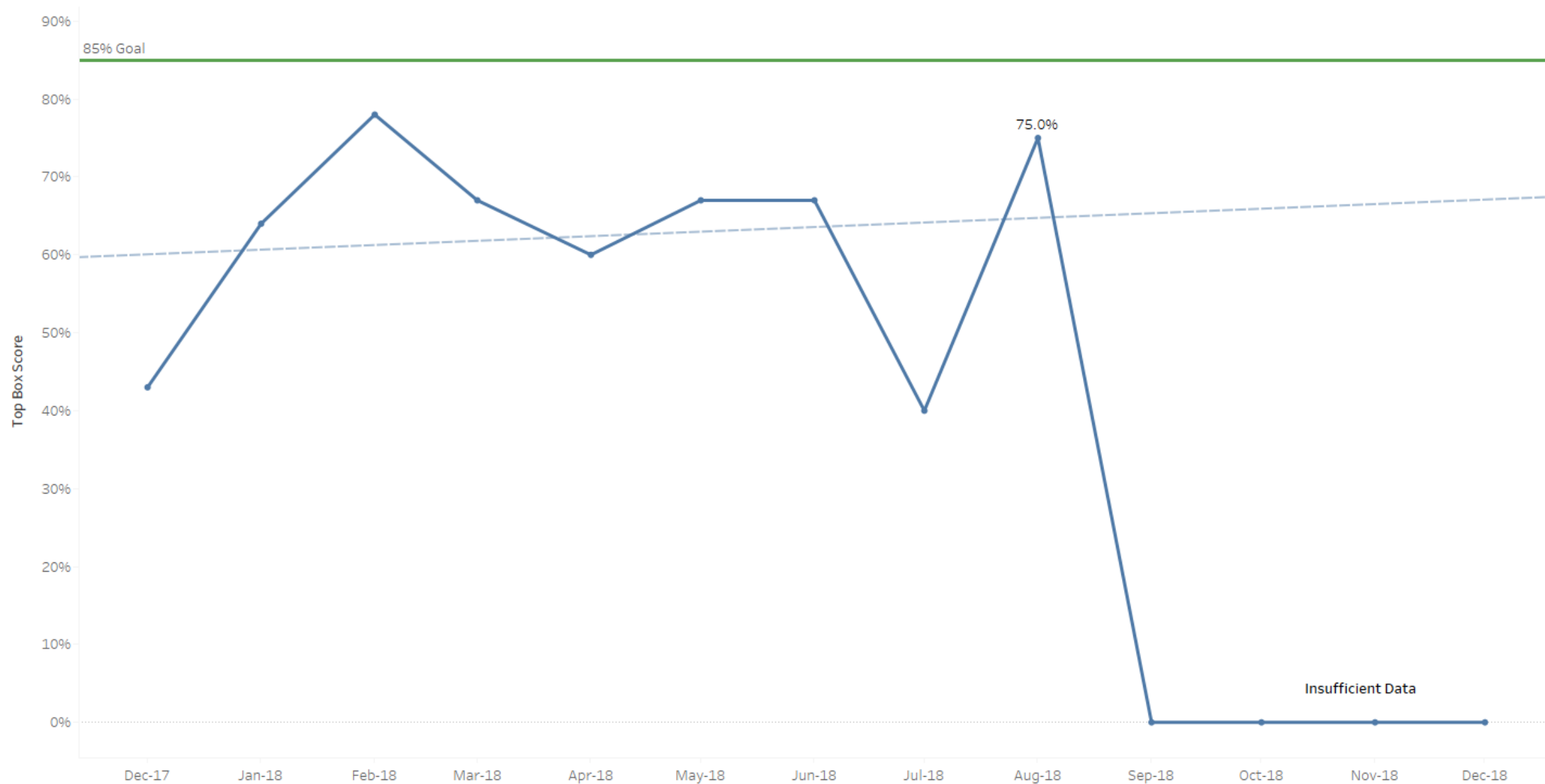
	Hospital Acquired Infections											
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
C DIFF	6	5	2	6	11	4	5	4	2	10	4	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1	3
CLABSI	2	1	1	0	1	0	2	3	0	0	0	2
MRSA	2	0	1	0	0	0	0	1	0	0	1	0

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

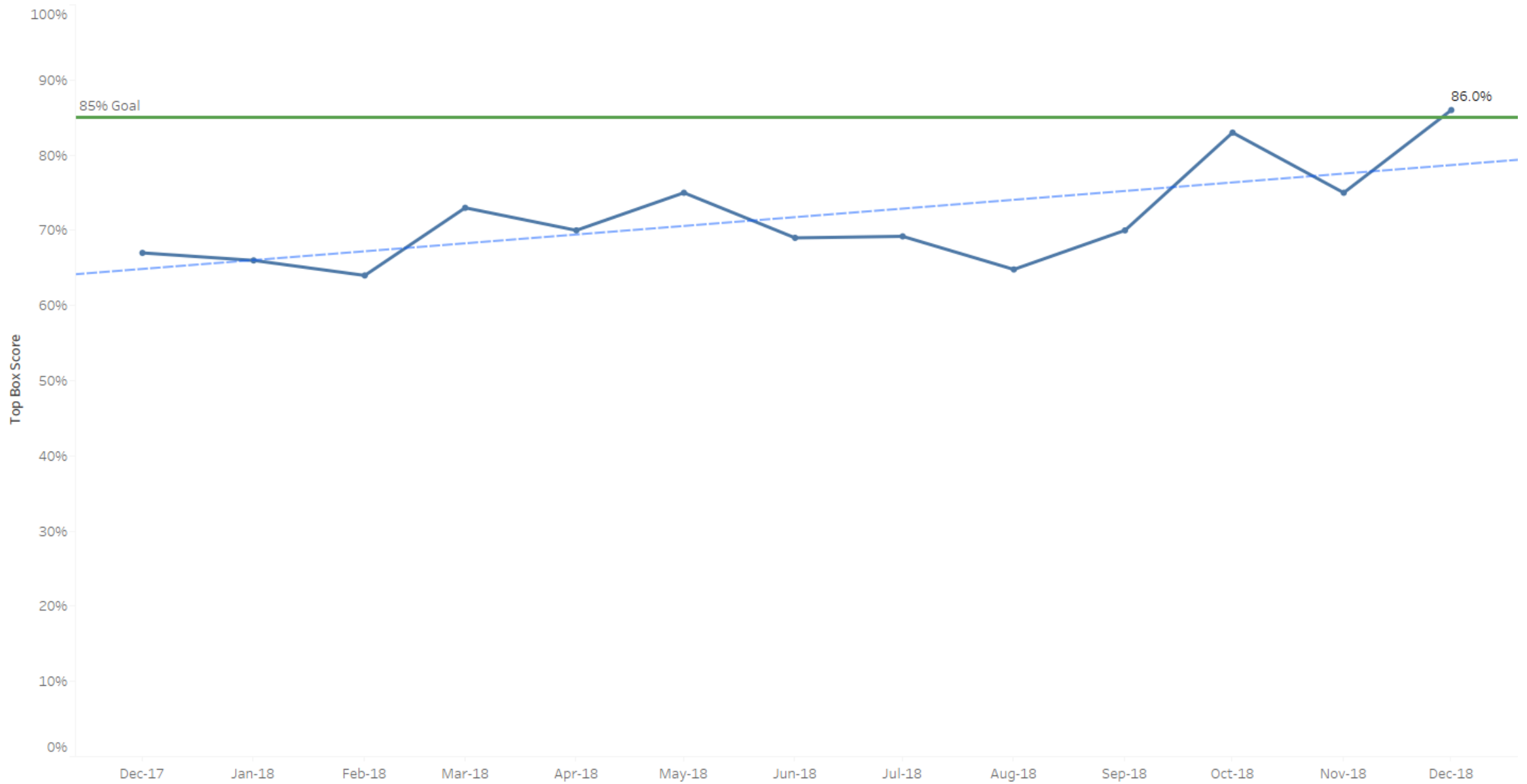
CCHC--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



Cook County Health and Hospitals System
Board of Directors Meeting
Thursday, February 28, 2019

ATTACHMENT #5



COOK COUNTY HEALTH

JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH
REPORT TO THE BOARD OF DIRECTORS
FEBRUARY 27, 2019

Employee Recognition

Leticia Reyes-Nash, Natalie Hallinger and Kelsey Moore planned Cook County Health's first Research and Innovation Summit. The Summit brought together key stakeholders from across the city, county and state to talk about what Cook County Health is doing to address the opioid epidemic impacting our communities and their health. This gathering provided an opportunity to learn about Cook County Health's Substance Use Disorder programs, while also providing a space for people to engage and collaborate to develop actionable plans to address this critical issue. See related information below.

Activities and Announcements

- The first **CCH Research and Innovation Summit** was held on February 20 on the topic of Opioids. More than 120 individuals attended the event which featured Toni Preckwinkle, President, Cook County Board of Commissioners; Dr. Jay Shannon, CEO, Cook County Health; Patience Roberts, a CCH patient in recovery; Dr. Steven Aks, Department of Emergency Medicine, Cook County Health; Dr. Eimad Zakariya, Cook County Medical Examiner; Dr. William Trick, Collaborative Research Unit, Department of Medicine, Cook County Health; Dr. Keiki Himani, Collaborative Research Unit, Department of Medicine, Cook County Health; Dr. Juleigh Nowinski Konchak, Attending Physician, Department of Family and Community Medicine, Cook County Health; Dr. Connie Mennella, Chair, Correctional Health, Cook County Health; Dr. Mark Loafman, Chair, Family Medicine, Cook County Health; Christine Newton, Recovery Coach, Cook County Health; Dr. Rashad Saffir, CEO, Bobby Wright Comprehensive Behavioral Health Center; and Hanna Kite, Regional Health Officer, Cook County Health Department. CCH distributed a white paper at the event (attached).

The summits provide CCH an opportunity to share with external stakeholders our efforts and plans in important areas and host action planning sessions to gather feedback and encourage continued collaboration. The next Summit will be held on May 22 on the topic of housing.

IMPACT 2020 Objectives 1.6, 5.4, 6.2, 6.3

- On Sunday, February 25, Dr. Jay Shannon, CEO, CCH was honored by **Congressman Danny Davis** at the 7th District Black History Month Celebration. Congressman Davis presented Dr. Shannon and Stroger Hospital with the 2019 History Maker Award, the Dr. Daniel Hale Williams Award. Dr. Williams was an African-American physician who founded Provident Hospital in 1891 and is credited with performing the first successful heart surgery in the US.
- **Food As Medicine Update**

Through February 7, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) has resulted in 163 visits to 12 CCH health centers – Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Prieto, Robbins, Woodlawn, and Provident/Sengstacke.

The inaugural Fresh Truck visit to CCH's new Arlington Heights Health Center will take place on March 21. This is the last of CCH's community health centers to schedule Fresh Truck distributions. Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 21,107 individuals, representing 69,600 household members, totaling more than 440,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Fresh Food Truck visits for the month of March include the following CCH Health Centers:

March 7 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago

March 12 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago

March 19 – **Woodlawn Health Center** – 6337 S. Woodlawn Avenue, Chicago

March 15 – **CORE Center** – 2020 W. Harrison Street, Chicago

March 21 – **Arlington Heights Health Center** – 3250 N. Arlington Heights Rd., Arlington Heights

March 26 – **Logan Square Health Center** – 2840 W. Fullerton Avenue, Chicago

March 28 – **Oak Forest Health Center** – 15900 S. Cicero Ave. Oak Forest

CCH Fresh Markets have moved indoors for the winter. Fresh produce is supplied by Black Oaks Center, a nonprofit that seeks to create a just, holistic, and local food system through education, entrepreneurship, and access to healthy, affordable foods. CCH partners with Experimental Station's Link Up Illinois Link Match program to offer SNAP users a match on all purchases at CCH Fresh Markets, up to \$20/market/week.

The Fresh Market schedule includes:

- Oak Forest Health Center on Wednesdays, 9am-2pm
- Robbins Health Center on Thursdays, 11am-3pm
- Cottage Grove Health Center on Fridays, 9am-2pm

IMPACT 2020 Objectives 1.1, 6.2, 6.3, 7.4

(Select materials and media clips attached)

Legislative Update

State

- More than 6,200 bills and resolutions have been filed in the House and Senate.
- Governor Pritzker delivered his first budget address on February 20.

The Governor spoke the about the continued challenges presented by Illinois' structural deficit and the need to implement a "fair tax", or a graduated income tax, where higher earners would pay more, as opposed to the flat income tax system in place today.

For the state fiscal year 2020 budget, Pritzker proposed \$1.1B in new revenues including an assessment on health insurers, which includes Medicaid managed care plans; regulating recreational marijuana; an expanded tax on video gaming and regulating sports betting; a new e-cigarette tax as well as increasing the existing cigarette tax and capping the retailer's discount; a new plastic bag tax; and phasing out the private school scholarship credit.

The proposed budget is mostly a maintenance budget, but includes modest increases to early childhood education, public universities and community colleges, Monetary Award Program (MAP) and Aspirational Institutional Match Helping Illinois Grow Higher Education (AIM HIGH) college financial assistance and scholarship programs, as well as increasing eligibility for the child care assistance program.

At the health and human services agency budget briefings, the Department of Health and Family Services (HFS) shared that their FY2020 budget assumes that more than 75% of Medicaid beneficiaries statewide will be in managed care, includes funding for new positions to support behavioral health, and that Integrated Health Homes (IHHs) will start in the new fiscal year, specific date TBA.

The Illinois Department of Human Services' (DHS) budget includes additional funding for expanded child care assistance eligibility (to 200% FPL), and an additional \$107M to offset the increased costs to vendors due to the state minimum wage increase.

The Illinois Department of Public Health's (IDPH) budget includes an additional \$6M to address childhood lead poisoning, \$15M in continued capital funding to remove sources of lead exposure from homes of children with elevated blood lead levels, and flat funding of the local health protection grants, which fund CCDPH and other state-certified local health departments.

More details about the Governor's proposed FY2020 budget can be found on the State's Office of Budget and Management website – <https://www2.illinois.gov/sites/budget/Pages/default.aspx>

- Governor Pritzker announced that Ramon Gardenhire will serve as the Governor's Deputy Chief of Staff for Policy. Ramon most recently worked for the AIDS Foundation of Chicago as the vice president of policy.
- Dr. Ngoze Ezike has been appointed to serve as the Director of the Illinois Department of Public Health. Dr. Ezike is a board-certified internist and pediatrician who has practiced at CCH for more than 15 years. She most recently served as an attending physician at the Juvenile Temporary Detention Center. Dr. Ezike's appointment requires Senate confirmation.
- Grace Hou has been appointed to serve as the Secretary of the Illinois Department of Human Services (DHS). DHS administers a number of public benefits programs, including the Supplemental Nutrition Assistance Program (SNAP), the Women, Infants, and Children Program (WIC), as well as cash assistance. Ms. Hou currently

serves as President of Woods Fund Chicago and previously served as an Assistant Secretary at DHS from 2003 through 2012. Her appointment requires Senate confirmation.

- On February 19, Governor Pritzker signed legislation that will increase the state's minimum wage to \$15/hour by January 1, 2025. The legislation passed with partisan support. Senate Majority Leader Kimberly Lightford and Representative Will Guzzardi led this effort in their respective chambers. An overview of federal, state, and local minimum wages follows:
 - The federal minimum wage is \$7.25/hour and was last increased in 2009.
 - Illinois' current minimum wage is \$8.25/hour and was last increased in 2010.
 - The minimum wage in Chicago is \$12/hour (tipped employees earn \$6.25/hour). This will increase to \$13/hour on July 1, 2019.
 - The minimum wage in suburban Cook County is \$11/hour (tipped employees earn \$5.10/hour). This will increase to \$12/hour starting July 1, 2019 and to \$13/hour on July 1, 2020. Suburban Cook County municipalities may opt out of adopting the minimum wage increases, and many have done so.
- Governor Pritzker and Lt. Governor Juliana Stratton published 11 transition reports that outline recommendations on a variety of subjects. Transition committee members and the full reports, including the Healthy Children and Families report (which CCH Board of Director David Ernesto Munar and former CCH Deputy CEO for Finance and Strategy Doug Elwell contributed to), can be viewed online - <https://www2.illinois.gov/sites/gov/Pages/Transition.aspx>.

Federal

- For the last month, Washington has been consumed with the longest ever lapse in appropriations, which resulted in the longest-ever partial government shutdown. From December 22, 2018 to January 25, 2019, nine cabinet agencies, the Executive Office of the President, the Federal Judiciary and most independent agencies were closed, except for essential or emergency workers, over an impasse on funding for a southern border wall. On January 25, the President and Congress agreed to a three-week continuing resolution – a stop-gap funding measure to keep the affected agencies operating at the previous year's funding levels. The House and Senate then approved a compromise measure to fund the affected agencies, which the President signed on February 14 despite being unsatisfied with the level of funding for the wall. The next day the President declared a national emergency in order to redirect funds to the wall project.

As Congress emerges from shutdown crisis mode and the committees have been populated with new leaders and members, legislative and oversight work has begun.

- State of the Union AIDS Initiative – On February 5, the President addressed a joint session of Congress on the State of the Union. The speech, usually held in January, had been delayed due to the shutdown. Significantly, the President announced an ambitious initiative to end the HIV/AIDS epidemic in the United States by 2030. The plan aims to cut the infection rate by 75 percent in five years and 90 percent in the next 10 years. The plan promises to direct new resources to 48 counties; Washington, DC; San Juan, Puerto Rico and seven largely southern states which account for most new infections. Cook County is one of the 48 counties on the target list.

If approved by Congress, the plan would fund increasing investments in geographic hotspots through existing programs, such as the Ryan White HIV/AIDS Program, and a new program through community health centers that would provide PrEP to people with the highest risk of infection. It would also support using data to identify where HIV is spreading the fastest in order to guide prevention, care and treatment actions at the local level. Finally, it would also fund the creation of a local HIV "HealthForce" in the targeted communities.

Additional details of the proposal are expected in the President's FY 2020 budget request.

- **Budget and Appropriations** – Due to the delay finishing the FY 2019 appropriations bills, the FY 2020 cycle is also getting off to a slow start. The President usually sends the budget request for the next fiscal year to Congress in the first week in February. This year the White House has indicated that it will come in two parts, with the President’s budget message and top priorities going out in the second week of March and the detailed proposals for each agency with the budget tables and justifications going out a week or so later. At least some of this delay can be attributed to the shutdown, which affected the White House Office of Management and Budget, as well as budget staff in the shuttered agencies.

With the House and Senate divided along party lines, it is hard to see how they would advance a budget resolution to guide the FY 2020 appropriations process, but they could avoid the need to do so by adopting legislation to lift the statutory caps on discretionary spending which were imposed by the Budget Control Act of 2011. Without action to lift those caps, spending across the defense and non-defense discretionary accounts would cut by more than 10 percent, an outcome that neither party wants. The operative principle in these deals over the past several years has been parity for defense and non-defense, which the parties are likely to continue to adhere to. Last year, the Bipartisan Budget Act of 2018 was the vehicle to lift the caps as well as to move some other priority items, including a delay of the cuts to Medicaid DSH imposed by the ACA. In addition to the need to agree to FY 2020 spending levels, Congress will need to take action to raise the debt ceiling. The current ceiling expires on March 1. Debates over the debt ceiling have often been opportunities for brinksmanship, although last year’s budget deal included the provision to raise it until March 1.

- **Texas v. United States** – On February 14, the Fifth Circuit Court of Appeals granted the U.S. House of Representatives’ request to intervene in the lawsuit to defend the ACA. The Fifth Circuit also allowed four additional states – Colorado, Iowa, Michigan and Nevada – to join the other Democratic states (including Illinois) defending the health law. The Circuit Court denied the parties’ request to expedite proceedings to July, ensuring that uncertainty over the constitutionality of the law will carry well into the 2020 election campaign season. While many legal analysts believe the Fifth Circuit will overturn the District Court on the merits, the case is likely to end up before the U.S. Supreme Court.
- **Medicaid** – In addition to efforts to delay the statutory Medicaid DSH cuts, we are monitoring a number of Medicaid actions in the states.
 - On February 4, the Idaho Supreme Court upheld the state’s Medicaid expansion, which was approved by 61 percent of the voters in a statewide ballot initiative. This clears the way for the state to implement the ACA expansion in Idaho.
 - On February 11, the Governor of Utah signed a bill which would replace the full ACA Medicaid expansion which had been approved by voters in the November election with a partial expansion, covering only those up to 100 percent of the federal poverty limit. If CMS does not grant the state the waiver for a partial expansion, the legislation triggers an automatic full expansion, but with work requirements. CMS has not to date approved a partial expansion under the ACA.
 - The Nebraska legislature is currently debating how to fund the expansion, which was also approved by the state’s voters in November.
 - The Governor of Georgia has signaled that he would support a partial expansion with some conditions.

Senator Doug Jones (D-Ala.) and Representative Terry Sewell (D-Ala.) have both introduced legislation to entice the remaining non-expansion states into the expansion by offering them the same enhanced federal match that was in the ACA for the first three years of expansion.

Protection of Medicaid remains a key priority for CCH at both the State and Federal level.

Community Outreach

- March 4 Cook County Health promotion at the **Marillac St. Vincent Family Services – Marillac Social Center Pantry and Resource Fair**, which is sponsored by the Marillac Social Center and takes place at the Center located at 212 S. Francisco in Chicago.
- March 5 Cook County Health and CountyCare promotion at **LEARN Charter School's Community Health Fair**, which will take place at the Fogolia Family Youth Center Gym located at 2859 W. Jackson Boulevard in Chicago.
- March 6 Cook County Health and CountyCare promotion at **Malcolm X College Service Days**, which is hosted by the **Wellness Center of Malcolm X College** and will take place at the school located at 1900 W. Jackson Boulevard in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few. The HIV testing team from the **Austin Health Center CBC** will do testing at this event.
- March 6 Cook County Health promotion at the **Chicago Department of Aviation's Concessions Career Fair**, which will take place at Kelvyn Park located at 4438 W. Wrightwood Avenue in Chicago. The event will feature representatives from companies looking to hire individuals to work at O'Hare International Airport in the following areas: airlines, cargo, concessions, construction, hospitality, security and more. In addition, representatives from the various community organizations will provide available health, social and different community resources for job seekers.
- March 7 Cook County Health and CountyCare promotion at the **Prairie State College's Veterans Resource Fair**, which will take place at the school located at 202 S. Halsted Street in Chicago Heights. This annual event brings resources to all students and veterans attending the college.
- March 13 Cook County Health promotion at the **Marillac St. Vincent Family Services – Marillac Social Center Pantry and Resource Fair**, which is sponsored by the Marillac Social Center and takes place at the Center located at 212 S. Francisco in Chicago.
- March 16 Cook County Health and CountyCare promotion at the **Our Lady Gate of Heaven Health Fair**, which is sponsored by Sinai Health Ministries and which will take place at the church located at 2338 E. 99th Street in Chicago.
- March 18 Cook County Health and CountyCare promotion at **TEECH Foundation Resource Fair**, which is hosted by the Foundation at the Foglia Center located at 1750 W. 103rd Street in Chicago.
- March 18 Cook County Health and CountyCare promotion at **Alderman Osterman and the 48th Ward's 2019 Annual Senior Resource Fair**, which will take place at the Broadway Armory Park located at 5917 N. Broadway in Chicago.
- March 22 Cook County Health and CountyCare promotion at the **St. Xavier University Health Fair**, which will take place at the University's Shannon Center located at 3700 W. 103rd Street in Chicago. The 16th Annual Health Fair brings resources to students, faculty and community residents.
- March 23 Cook County Health and CountyCare promotion at the **Ebenezer Christian Reformed Church's First Annual Health & Resource Fair**, which is hosted by **Sinai Health Ministries** at the church located at 1300 S. Harvey in Berwyn.

- March 23 Cook County Health and CountyCare promotion at the **State Representative Theresa Mah's 3rd Annual Health Fair**, which will take place at Ping Tom Memorial Park located at 1700 S. Wentworth Avenue in Chicago.

- March 26 Cook County Health and CountyCare promotion at **City Colleges of Chicago's Olive Harvey College Free Service Days**, which is hosted by the **Wellness Center of Olive Harvey College** at the main campus, located at 10001 S. Woodlawn Avenue in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few.

- March 27 Cook County Health and CountyCare promotion at **City Colleges of Chicago's Olive Harvey College/South Chicago Learning Center Free Service Days**, which is hosted by the **Wellness Center of South Chicago Learning Center** at the satellite campus, located at 3055 E. 92nd Street in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few.

- March 27 Cook County Health promotion at the **Hanover Township's 7th Annual Job Fair**, which will take place at the Hanover Township Senior Center located at 40 S. Route 59 in Bartlett. The event is hosted by Hanover Township, State Representative Fred Crespo, Illinois Department of Employment Security (IDES) and Work Net.

- March 23 Cook County Health and CountyCare promotion at the **Bellwood Early Childhood Family Resource Expo**, which is hosted by **Bellwood School District 88** and will take place at Lincoln Elementary located at 3420 Jackson Street in Bellwood.

Cook County Health and Hospitals System
Board of Directors Meeting
Thursday, February 28, 2019

ATTACHMENT #6

Cook County Department of Public Health

Tobacco Prevention & Control Unit

Terry Mason, MD

February 28, 2019



CCDPH Tobacco Prevention & Control Program

Goals

- Eliminate exposure to secondhand smoke
- Promote quitting among adults and youth
- Prevent initiation among youth and young adults
- Identify and eliminate tobacco-related disparities

Funding

- Illinois Tobacco-Free Communities grant via Illinois Department of Public Health
- Master settlement dollars expected through 2025; ~\$600,000/year this fiscal year
- Project period: July 1 – June 30 (State fiscal year)



Tobacco Use

Background

- Tobacco use is the largest preventable cause of disease, disability, and death in the U.S.¹
- Annual health care costs in Illinois directly caused by tobacco are \$5.49 billion and \$5.27 billion in lost productivity²
- In suburban Cook County, 16.7% of adults identify as current smokers³
- E-cigarettes are currently the most used tobacco product among youths⁴
- In the last year, e-cigarette use in the U.S. has increased by 78% among high school students and 48% among middle school students⁵
- E-cigarette use increases the risk for using cigarettes among youths⁶



Vaping

- E-cigarette liquid contains chemicals and carcinogens; +/- nicotine, +/- marijuana
- E-cigarette liquid can poison children through ingestion or skin absorption
- Youth who use e-cigarettes are more likely to use cigarettes or other tobacco products^{7, 8}
- Major American professional societies (AAFP, AAP, APHA) urge tighter regulation and more research
 - None support the use of e-cigarettes for quitting
- Recent large study demonstrated e-cigarettes were more effective for smoking cessation than conventional methods⁹, however:
 - Of those who maintained abstinence at 52 weeks, 80% (n=79) were still using e-cigarettes
 - Another recent study demonstrated a higher risk of stroke and heart attack among e-cigarette users¹⁰



Application of EvidenceBase

Evidence-Base / Best Practices	CCDPH Program
Community interventions	<ul style="list-style-type: none"> Enforce Smoke-Free Illinois Act and Cook County Clean Indoor Air Ordinances Advance tobacco-free living policies
Mass-Reach Communication Interventions	<ul style="list-style-type: none"> Integrated marketing campaigns to promote cessation and raise awareness of policies that prevent initiation and support tobacco-free living
Cessation Interventions	<ul style="list-style-type: none"> Promote referrals to Illinois Tobacco Quitline (ITQL)
Surveillance and Evaluation	<ul style="list-style-type: none"> Assess program effectiveness and impact
Infrastructure, Administration and Management	<ul style="list-style-type: none"> Tobacco-free living action team of Alliance for Healthy & Active Communities 3 FTEs funded by grant



2018-2019 Success and Impact

Tobacco-free Living Policies



- Ambria College adopted Tobacco-free Campus Policy
 - ~ 500 students, faculty and staff have a healthier living, learning, and working environment
- 48 market rate units adopted smoke-free housing policies in Chicago Heights, Elmwood Park, Evergreen Park, and Tinley Park
 - ~110 residents will be spared from exposure to secondhand smoke
- Previous success: Housing Authority of Cook County went smoke free in 12/2015, impacting 3500 residents



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2018-2019 Success and Impact

Referral to Illinois Tobacco Quitline



- BEDS Plus became an Illinois Tobacco Quitline Partner
 - Staff are now trained to consistently identify tobacco-use status, document status, and connect clients to treatment and cessation resources at every visit
- BEDS Plus served ~920 homeless individuals in west suburban Cook County in 2018



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2018-2019 Success and Impact

Tobacco 21 Policies



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This project was made possible by funds received from the Illinois Department of Public Health.

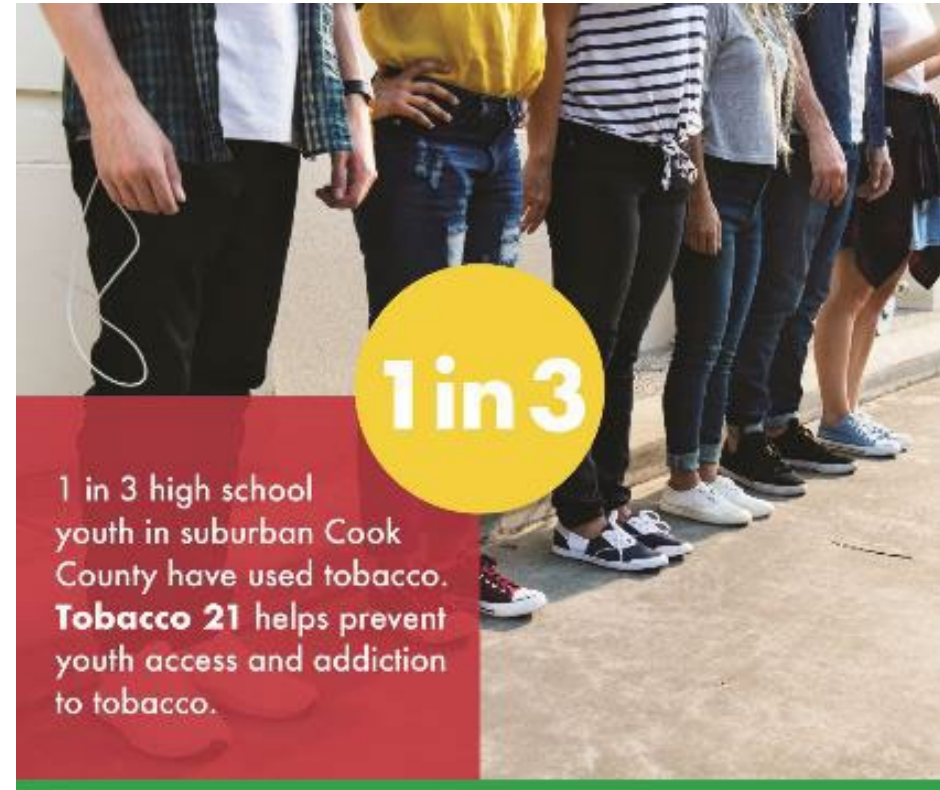
HealthyHotSpot.org

2018-2019 Success and Impact

Tobacco 21 Policies

- 683,922 suburban Cook County residents* protected
- Expected to keep tobacco products out of schools¹¹ and immediately improve community health¹²
- Estimated 12% decrease in overall smoking rates by the time today's teenagers become adults¹²

** This is the total population of residents living in suburban Cook County municipalities including unincorporated Cook County that have passed Tobacco 21 policies.*



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2018-2019 Success and Impact

Integrated Marketing Campaign

Digital Ads



Social Media Ads



Print Ads



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2018-2019 Success and Impact

Integrated Marketing Campaign

CCDPH Media Campaigns	Type of Ads	Target Population within Suburban Cook County	Media Campaign Metrics
Cessation	<ul style="list-style-type: none"> Digital & audio Print Social Media Posts 	<ul style="list-style-type: none"> Spanish speaking population African American population CCDPH Social Media Followers 	<ul style="list-style-type: none"> Weekly Circulation*: 73,937 Social Media Reach^: 4,508
Smoke-free Housing	<ul style="list-style-type: none"> Social Media Ad Print 	<ul style="list-style-type: none"> Municipalities with high concentration of voucher public housing African American population 	<ul style="list-style-type: none"> Weekly Circulation*: 73,937
Tobacco 21	<ul style="list-style-type: none"> Digital & video Social Media Posts 	<ul style="list-style-type: none"> Municipalities with home rule and municipalities that passed tobacco 21 CCDPH Social Media Followers 	<ul style="list-style-type: none"> Social Media Reach^: 1,293

Total Reach of CCDPH FY18 Media Campaigns:
2,039,516



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* The total readership of Chicago Citizen weekly newspaper publication
^ The number of # views of posts/tweets by CCDPH Social Media Followers

Future Directions

- Increase adoption of Tobacco 21 policies and support implementation to prevent youth initiation
- Increase adoption of tobacco-free policies that includes e-cigarettes (e.g. smoke-free housing, tobacco-free parks, tobacco-free campuses, etc.)
- Increase the number of Illinois Tobacco Quitline partners and partners that integrate the brief tobacco intervention into their routine services
- Conduct integrated marketing campaigns to promote cessation, highlight the risks of all tobacco product use, including e-cigarettes, and raise awareness of policies that prevent initiation and support tobacco-free living
- Assess the effectiveness and impact of CCDPH's programs and tobacco-free policies in suburban Cook County



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Thank you.



Cook County Health and Hospitals System
Board of Directors Meeting
Thursday, February 28, 2019

ATTACHMENT #7

Cook County's Healthcare Safety Net: Local Market Realities, Vulnerabilities and Strategies

John Jay Shannon, MD, CEO

CCH Board of Directors

February 28, 2019



Agenda

1. Impact of locoregional mergers, consolidations, acquisitions
2. Service Accessibility Issues for Vulnerable Communities
3. IL Hospital Assessment Program and Transformation
4. Strategic Recommendations



Impact of Mergers, Consolidations, Acquisitions



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Acute care hospital business is low margin

Illinois Health and Hospital Association data

- 42% of Illinois hospitals operating in red or on margin <2%
- Higher proportion in Chicago area

Consolidation is a dominant motif in the current Hospital landscape

The most vulnerable are most impacted by these changes

The major private systems focus on geographies with a better payer mix for populations

- AdvocateAuroraHealth (27 hospital system)
- Northwestern (Centegra, Cadence-10 hospital system)
- Trinity (Loyola/Gottlieb/MacNeal/pending Palos; Mercy)
- AMITA (Ascension, inc. former Presence/Adventist)
- University of Chicago Medicine (Ingalls)
- Franciscan Health

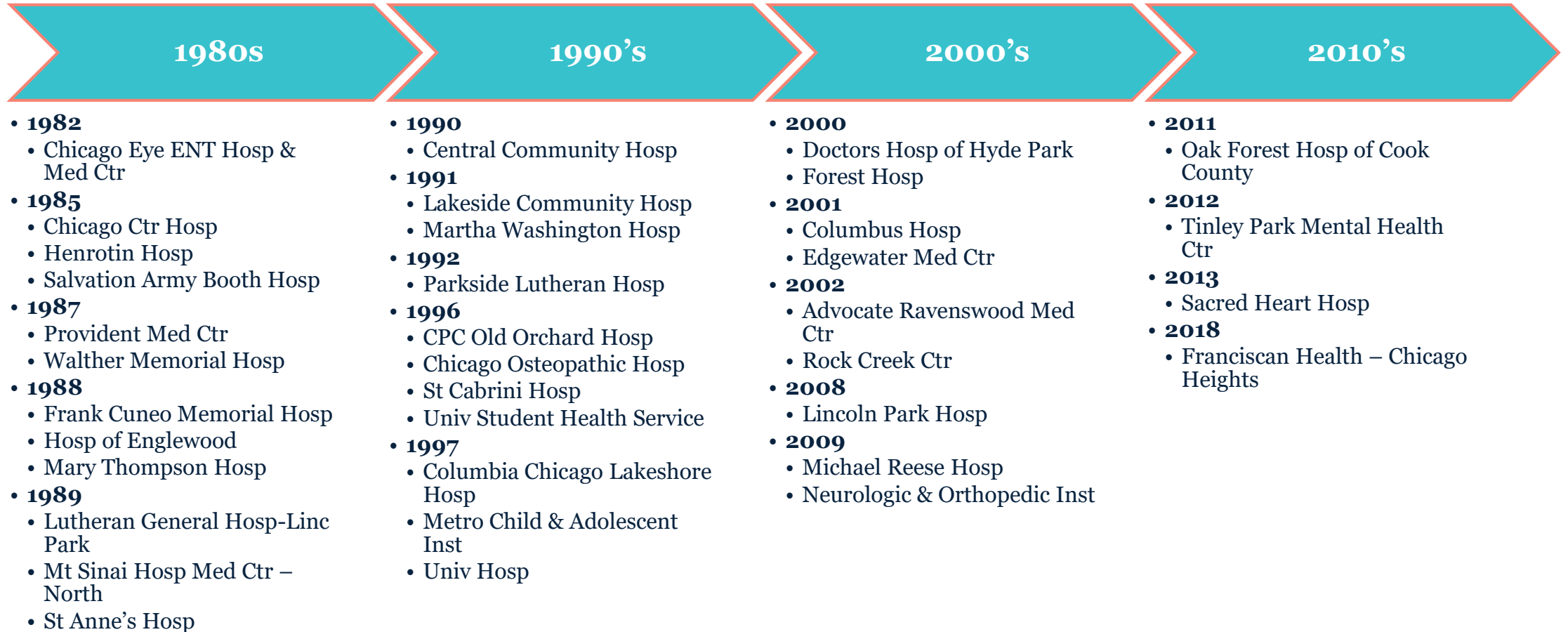
Recent Hospital Acquisitions

January 2019: for-profit Tenet Healthcare sold Westlake (Melrose Park), Weiss (Uptown), and West Suburban (Oak Park/Austin) hospitals to for-profit Pipeline Health.

Pipeline subsequently announced Westlake will close by July 2019.

Hospital Closures in Cook County

36 hospitals have closed in Cook County since 1982.



Service Accessibility Issues for Vulnerable Communities



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HEALTH

Consolidation effect

The most vulnerable are most impacted by these changes

System consolidation is creating “access deserts” in vulnerable communities.

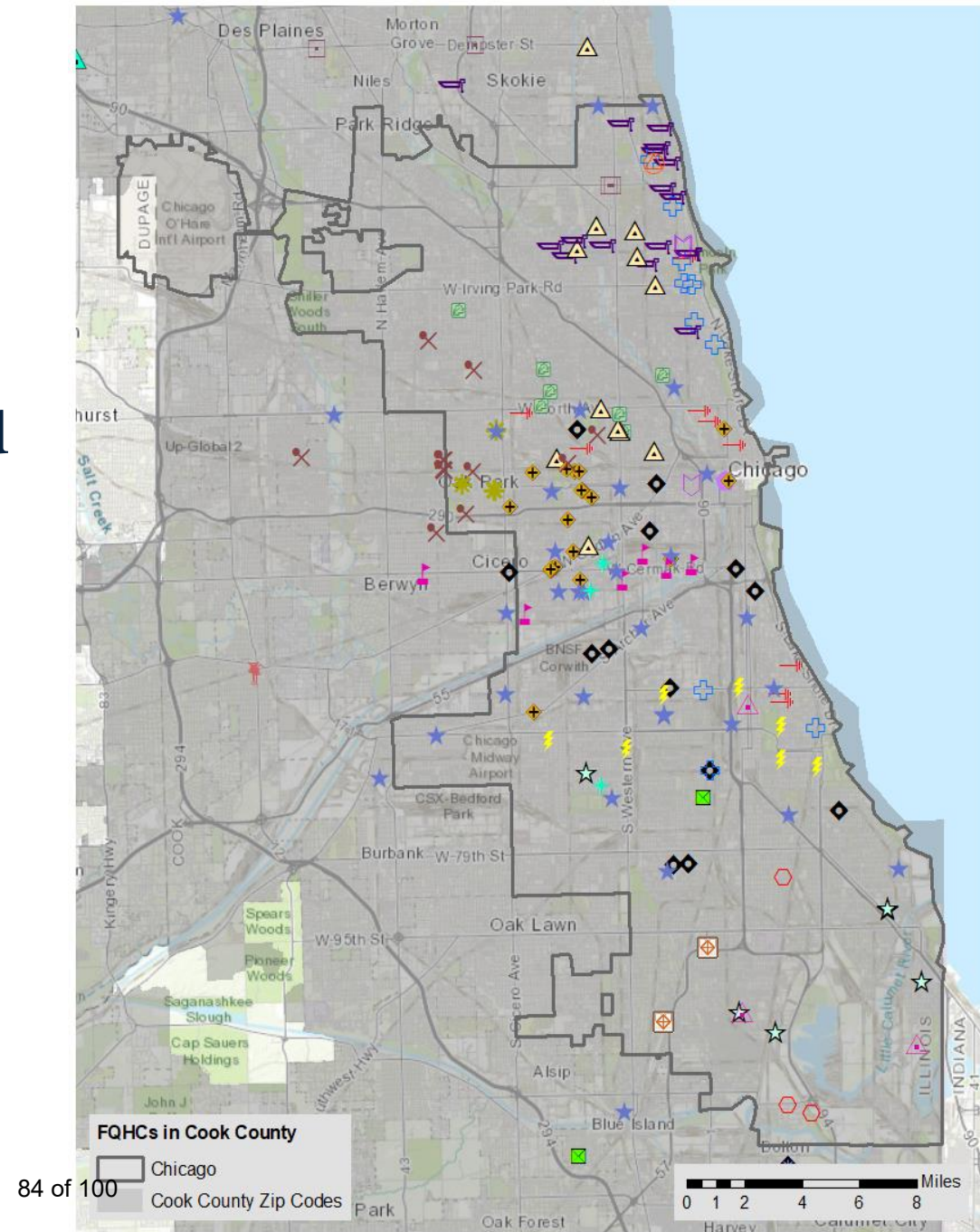
Independent hospitals struggle

- Decreasing trends in inpatient utilization
- Community choices
- Funding streams changing
- larger systems show no interest in acquiring them

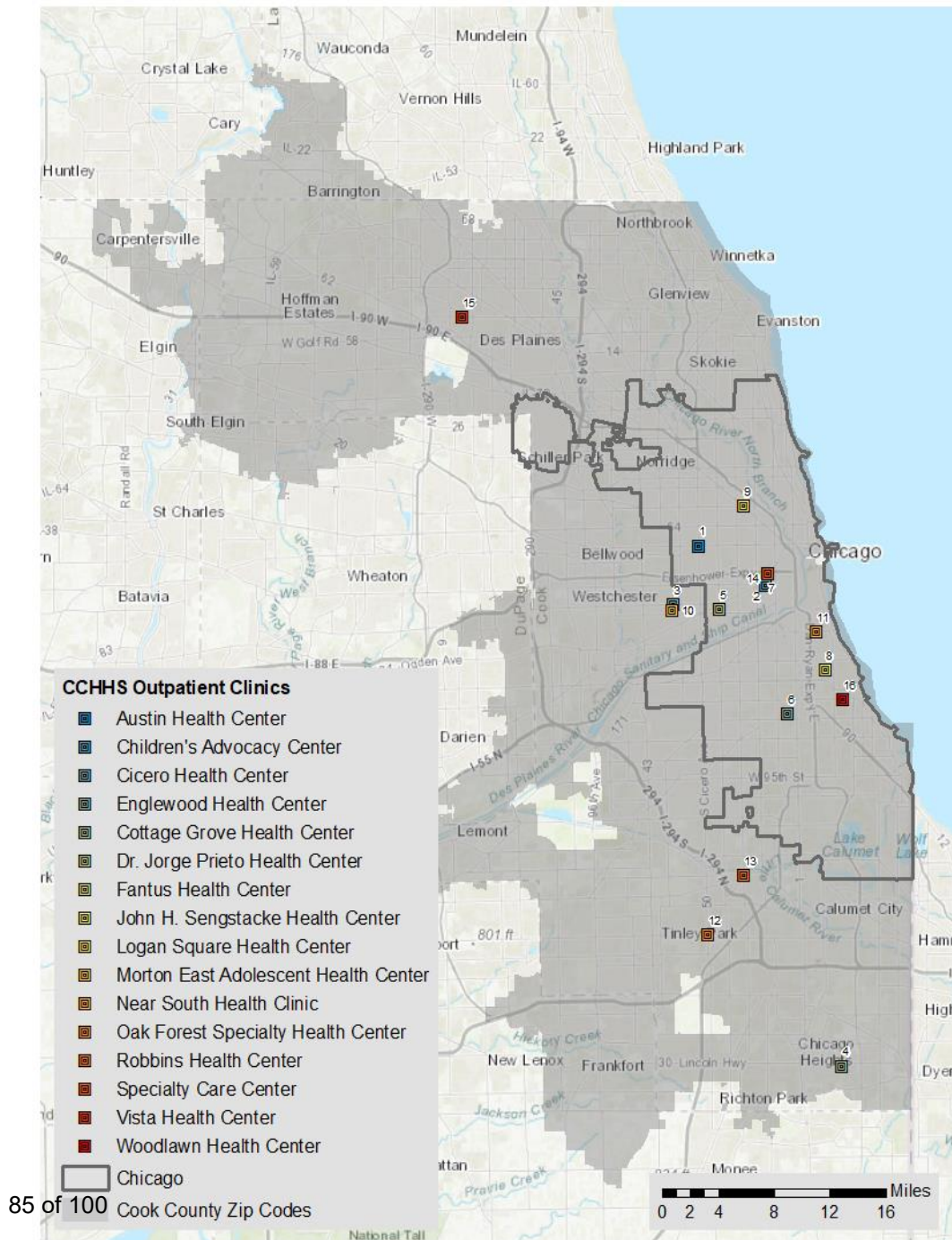
FQHC Locations in Cook County

Access to primary care is generally available through federally qualified and CCH health centers

Better in city, suburbs still challenging esp. with limited public transportation



CCH Outpatient Health Center Locations in Cook County



Inpatient Capacity is more than sufficient

- In line with the national trend, inpatient utilization for all Illinois hospitals has declined steadily.
- Inpatient utilization dropped across all Illinois hospitals dropped from 2013 -2017.
 - 4% for all IL hospitals
 - 12% for Safety Net hospitals
- Median inpatient occupancy of staffed beds across all hospitals in Illinois is 46% (2016).
- Safety net occupancy rates are similar despite significant recent reductions in staffed beds.
- Academic health centers and large non-profits have seen higher occupancy rates

IL Hospital Assessment Program & Transformation



COOK COUNTY
HEALTH

Hospital Assessment Program

History

- Since 2014, a portion of those funds flow through Managed Care Organizations (had been in add-ons under fee-for-service)
- Significant proportion of state payments in Medicaid program generated by the program
- Why CMS wanted it to change
- Since 2018, significantly more dollars flowed into rate payments from MCOs

Shifting Assessment Dollars to Claims Payment

Impact of the 2018 spring assessment law

- The law allowed the Department of Healthcare and Family Services to convert \$635 million in hospital assessment-funded static payments to claims based payments effective July 1, 2018 (“Phase I”).
- For some low Medicaid-volume safety nets, this resulted in a net reduction of millions of dollars in revenue.
- The law authorizes the Department to move additional dollars from program to claims based payments effective July 1, 2020 (“Phase II”).
- Additional transformation will move increasing amounts of dollars to claims-based payments (“follow the patient”).
- These challenges pose significant challenges to low volume hospitals.

The Hospital Transformation Fund

Another dimension of the 2018 assessment law

- \$262 million dollars of current Medicaid funds currently go to a subset of hospitals as static “transition payments”
- The law designated these dollars be available as a transformation pool hospitals *may apply for receiving* in 2020
- The strategy is that safety net hospitals would transform in ways that bring value to CMS and the community
- Criteria for transformation funding discussed but currently at a standstill
 - Providers, IL Health and Hospital Association, IL Healthcare and Family Services, legislative workgroup will need to find consensus

What is a Safety Net Hospital?

Defined by 305 ILCS 5/5-5e.1

(Criteria for safety-net hospital status)

A Safety-net hospital is an Illinois hospital that:

- (a) Is licensed by the Department of Public Health as a general acute care or pediatric hospital, and
- (b) Is a Disproportionate Share hospital, as described in Section 1923 of the federal Social Security Act and
- Meets one of the following criteria:
 - (c) Has a Medicaid inpatient utilization rate (MIUR) of at least 40% and a charity percent of at least 4%, or
 - (d) Has a MIUR of at least 50%
- “Beginning July 1, 2012 and ending on June 30, 2018, a hospital that would have qualified for the rate year beginning October 1, 2011, shall be a Safety-Net Hospital.”

*MIUR=Medicaid inpatient utilization rate

(Medicaid insured days/total inpatient days)

A snapshot (from 2017)

Smaller volumes at Cook County safety nets a challenge

Hospital	Average daily census	Emergency visits	Deliveries	Surgeries
A	79	28,085	191	1271
B	55	8,024	0	601
C	71	14,902	0	1664
D	51	20,395	177	489
E	93	36,486	758	1880
F	105	29,959	632	1650
CCH	334	143,716	1,215	14,249

Source: IL Department of Public Health

Are Healthier Hospitals Shunning or Managing Medicaid?

Hospital	MIUR*	Medicaid Days	Average Daily Census
Northwestern	20.53%	32,000	410
Rush	25.77%	40,800	263
University of Chicago	38.55%	54,600	331
Advocate Trinity	44.56%	16,600	84
Advocate Christ	24.72%	50,000	379
Advocate Lutheran Gen	18.59%	25,000	270
Mercy	52.00%	33,200	110
Little Company	26.45%	14,800	133
Jackson Park	74.81%	24,000	48
Roseland	68.30%	12,600	38
Stroger	37.79%	36,100	212

The Net Impact of Trends

These trends will combine to severely threaten independent safety nets:

- The ongoing national decline in inpatient services
- Lack of outpatient capacity
- Movement of funds to claims based payments
- Very low number of staffed beds
- Challenges with maintaining a deep medical staff
- Alternative payment models based on outcomes
- Emphasis on the full continuum of care including social determinants

The only system with a willingness to embrace these communities is CCH.

Strategic Recommendations



What is Needed? What can CCH uniquely provide?

- We have a broad, deep, dedicated medical staff that is mission-aligned
- We have a shared, mature electronic health record, and increasing ability to integrate within that system.
- We have invested in technology over time.
- We have a well of trust in the communities we serve.

What is Needed? What can CCH uniquely provide?

CCH can provide the full continuum of care

- Specialty care
- Chronic disease management
- High end diagnostics
- Addressing the social determinants of health
- Robust care coordination

Multi-Specialty Practice Groups

On the rise nationally-why?

1. **Better communication among your physicians.** Seeing aligned doctors promotes collaboration and ensures more efficient care. Medical groups utilize a common EHRs that facilitate sharing of information. Improved communication helps improve outcomes.
2. **Access to new treatments and technology.** Not only will do MSPGs provide access to additional physicians and experts, but increased access to new treatments and technologies as well. Integrated medical groups combine the assets of a particular health care organization.
3. **Coordinated care.** Integrated medical groups employ physicians who practice in hospital and ambulatory settings, mitigating potential disruption in care when being admitted or discharged. Working as a team improves efficiency and quality.
4. **Higher standards of quality monitoring.** Integrated medical groups have more resources to devote to monitoring and improving the care provided.
5. **Additional clinical resources.** As part of a broader health system, physicians in an integrated group can draw on a wider array of clinical services. These may include things like home care, diabetes education, smoking cessation, cardiac rehabilitation, and others. It's no longer just visiting your doctor when you are sick.

Strategic Recommendations

Where do we go from here?

- We must be prepared for stressors in hospital environment.
- Economics of Medicaid will continue to cause challenges for privates and not-for-profits, but in perhaps unpredictable ways.
- The communities with vulnerable populations more likely need access to specialty and diagnostic services (perhaps Urgent Care) more than acute care hospital beds.
 - We will need to significantly improve access to specialty and diagnostic services.
 - We will need to develop technologic innovations to assist in services to patients in areas poorly served by public transportation, including telemedicine and care coordination.
 - We must improve the patient experience as we must have revenue from insured patients to offset the costs of our system.
- We do not have an infinite capacity for Charity Care

Thank You

